

# **Nebraska Trauma Registry Data Dictionary**

**Based on the NTRACS Data Dictionary**

**Nebraska Health and Human Services System**

**07/2005**

## Table of Contents

<b><i>Table of Contents</i></b> .....	<b><i>1</i></b>
<b><i>Acknowledgement</i></b> .....	<b><i>4</i></b>
<b><i>Introduction</i></b> .....	<b><i>5</i></b>
<b><i>Nebraska Trauma Registry Case Inclusion Criteria</i></b> .....	<b><i>6</i></b>
<b><i>Section 1. Patient Information</i></b> .....	<b><i>7</i></b>
<b>a. Patient Name</b> .....	<b>7</b>
• Patient First Name (PFNAME) .....	7
• Patient Last Name (PLNAME).....	7
• Patient Middle Initial (PMI) .....	8
<b>b. Social Security Number (SOCSECNO)</b> .....	<b>8</b>
<b>c. Sex (GENDER)</b> .....	<b>9</b>
<b>d. Race (RACE)</b> .....	<b>9</b>
<b>e. Age (AGE)</b> .....	<b>10</b>
<b>f. Date of Birth (DOB)</b> .....	<b>10</b>
<b>g. Address</b> .....	<b>11</b>
• Patient's Home Address Line 1 (PADDRS1) .....	11
• Patient's Home Address Line 2 (PADDRS2) .....	11
• Patient Home City (PCITY) .....	11
• Patient State of Residence (PSTATE) .....	12
<b>h. Zip Code (PZIPCODE)</b> .....	<b>13</b>
<b><i>Section 2. Insurance Category</i></b> .....	<b><i>14</i></b>
<b>a. Primary Payor Source (INSUR)</b> .....	<b>14</b>
<b><i>Section 3. Regarding the Injury</i></b> .....	<b><i>15</i></b>
<b>a. Injury Date (INJDATE)</b> .....	<b>15</b>
<b>b. Injury Time (INJTIME)</b> .....	<b>15</b>
<b>c. Injury Zip Code (INJZIP)</b> .....	<b>15</b>
<b>d. E-Code (ECODE)</b> .....	<b>16</b>
<b>e. Mechanism of Injury (BLUNT)</b> .....	<b>16</b>
<b>f. Location Category (INJSITE)</b> .....	<b>17</b>
<b>g. Safety Device (SAFETY)</b> .....	<b>18</b>
<b><i>Section 4. Regarding Out-of-Hospital Activity</i></b> .....	<b><i>20</i></b>
<b>a. EMS Provider Name (EMS)</b> .....	<b>20</b>
<b>b. EMS Run Number (AMBRUN)</b> .....	<b>20</b>
<b>c. Destination Determination (EMSDD)</b> .....	<b>21</b>

d. Dispatch Time.....	21
(1) Dispatch Date (DISPDATE) .....	21
(2) Dispatch Time (DISPTIME).....	22
e. Time of Arrival at Scene (ARRTIME).....	22
f. Transport Time .....	23
(1) Time Left Scene (DEPTIME) .....	23
(2) Time Arrived at Facility (ARRHOSP1).....	23
g. Initial Patient Data.....	24
(1) Blood Pressure (SBP) .....	24
(2) Pulse (SPULSE) .....	24
(3) Respiration (SRESP) .....	25
(4) Glasgow Coma Score or Pediatric Coma Scale (SGCS).....	26
(5) Trauma Score or Pediatric Trauma Score (STS) .....	28
(6) Airway Management (PRE_AIRWAY).....	29
<b>5. Regarding the Sending Hospital.....</b>	<b>30</b>
a. Referring Hospital Name (REFERHOSP).....	30
b. Arrival and Transfer .....	30
(1) Arrival Date (REF_ARRDAT) .....	30
(2) Arrival Time (REF_ARRTIM).....	31
(3) Discharge Date .....	31
(4) Discharge Time .....	32
c. Patient Data .....	32
(1) Blood Pressure (REF_BP).....	32
(2) Pulse (REF_PULSE).....	32
(3) Respiration (REF_RESP) .....	33
(4) Initial Glasgow Coma Score or Pediatric Coma Scale (REF_GCS).....	34
(5) Trauma Score or Pediatric Trauma Score (REF_TS).....	36
(6) Airway Management (REFAIRWAY).....	37
d. Temperature (RHTEMP).....	37
e. Destination Determination (REFHOSPDD) .....	38
<b>Section 6. Regarding the Receiving Hospital.....</b>	<b>39</b>
a. Receiving Hospital Name (HOSPNO).....	39
b. Arrival:.....	39
(1) Arrival Date (ED_ARRDATE).....	39
(2) Arrival Time (ED_ARRTIME) .....	40
(3) Transport.....	40
(4) Arrived From .....	40
c. Trauma Team Activity .....	41
(1) Level-1 Trauma Team Activation .....	41
(2) Trauma Surgeon Call Time .....	41
(3) Time Trauma Surgeon Arrived.....	42
(4) Surgical Chief Resident Physician Called.....	42
(5) Surgical Chief Resident Physician Present .....	42
d. Patient Data .....	42
(1) Blood Pressure (ED_BP) .....	42
(2) Pulse (ED_PULSE) .....	43
(3) Respiration (ED_RESP).....	43

(4) Glasgow Coma Score or Pediatric Coma Scale (ED_GCS) .....	44
(5) Trauma Score or Pediatric Trauma Score (ED_TSARR) .....	45
(6) Airway Management (AIRWAY).....	47
e. Temperature (ED_TEMP) .....	47
f. Admitting Service (ADMSERVICE).....	48
g. Drug Screen Results if performed (DRUG_SCRN).....	48
h. Blood Alcohol Level (ETOH) .....	49
i. Disposition from ED (ED_DISP) .....	50
j. Disposition from the Hospital (HOSPDISP).....	50
k. Length of Stay (HOSPDAYS).....	51
l. ICU Days (ICUDAYS).....	52
m. Unplanned Readmission (READMIN).....	52
n. Head CT Results (HEADCT).....	53
o. ICD-9-CM Diagnosis Codes (DCODE) .....	53
p. ICD-9-CM Procedure Codes (OPCODE) .....	54
q. Injury Severity Code (CALCISS).....	55
r. Probability of Survival (PROBOFSURV) .....	56
s. Complications from American College of Surgeons list (TCODE) .....	57
t. Functional Independence Measure of Discharge (FIM_SCORE) .....	57
<i>Section 7. Regarding the Rehabilitation Center .....</i>	<i>59</i>
a. Length of Stay .....	59
b. Disposition from the Hospital .....	59
c. ASIA (American Spinal Injury Association) Scores .....	59
d. Comprehensive FIM Score: .....	61
e. Rancho Los Amigos Scale/Levels of Cognitive Functioning .....	66
<i>Appendix A: State of Nebraska Regulations: Nebraska Statewide Trauma System (Title 185 Nebraska Administrative Code).....</i>	<i>71</i>
<i>Appendix B: List of Nebraska Emergency Medical Service Agencies Sorted by Name</i>	<i>74</i>
<i>Appendix C: Instructions for Adding Custom Datapoints in NTRACS .....</i>	<i>83</i>
<i>Appendix D: Nebraska Hospital List and Hospital Name Abbreviation .....</i>	<i>87</i>
<i>Appendix E: The Entry Options of Hospital Disposition Based on the UB 92 Standard .....</i>	<i>88</i>

## **Acknowledgement**

## **Introduction**

This document, the Nebraska Trauma Registry (NETR) Data Dictionary, has been prepared by members of the Trauma Registry Data Dictionary subcommittee, a work group of the Data and Quality Assurance Committee of the Nebraska HHSS State Trauma Board. The dictionary of the National Trauma Registry of the American College of Surgeons (NTRACS) was modified and the rehabilitation center information was added in order to be consistent with the Nebraska Trauma Registry Regulations (Appendix A).

The purpose of this document is to provide uniform definitions and standardized data entry options to registrars submitting data to the Nebraska Trauma Registry. It is expected, as a result, the records in the Nebraska Trauma Registry from different hospitals will be comparable and reliable, and can provide support for the Nebraska Statewide Trauma System.

For further information, please contact:

Lei Zhang  
Data Management Section  
Nebraska Department of HSS Regulation and Licensure  
301 Centennial Mall, South  
Lincoln, NE 68509-5007

(402) 471-1370  
(402) 471-1371 (Fax)  
Lei.Zhang@hhss.ne.gov

## **Nebraska Trauma Registry Case Inclusion Criteria**

Whether or not the trauma team was activated, data must be entered in the trauma registry concerning every patient who meets the following criteria:

1. Had at least one of the following ICD-9-CM diagnosis codes: Injury codes in the range of 800-959.9, 994.1 (drowning), 994.7 (asphyxiation & strangulation) or 994.8 (electrocution).
2. Had trauma injuries and was admitted to the hospital from the emergency department.
3. Had trauma injuries and was transferred out of the hospital.
4. Had trauma injuries and was admitted directly to the hospital, bypassing the emergency department.
5. Had trauma injuries and died in the emergency department.
6. Had trauma injuries and was dead on arrival in the emergency department.

## Section 1. Patient Information

### a. Patient Name

- Patient First Name (PFNAME)

#### DEFINITIONS:

Patient's First Name - Given name as on birth certificate or change-of-name affidavit.

#### DATA ENTRY MODE:

Direct Entry.

#### OPTIONS:

- Single Letter (Character)
- Multiple Letters (Characters)
- Not Available (Default)

#### GENERAL INFORMATION:

Field Name:	Patient's First Name
Data Base Column Name:	PFNAME
Data Base File Name:	T.DBF
Window Location:	Demographics
Field Group:	Name
Required:	Yes
Type of Field:	Character
Length:	15

- Patient Last Name (PLNAME)

#### DEFINITIONS:

Patient's Last Name - Given name as on birth certificate or change-of-name affidavit.

#### DATA ENTRY MODE:

Direct Entry.

#### OPTIONS:

- Single Letter (Character)
- Multiple Letters (Characters)
- Not Available (Default)

#### GENERAL INFORMATION:

Field Name:	Patient's Last Name
Data Base Column Name:	PLNAME
Data Base File Name:	T.DBF
Window Location:	Demographics
Field Group:	Name
Required:	Yes



Type of Field: Character  
Length: 15

- Patient Middle Initial (PMI)

DEFINITIONS:

Patient's Middle Initial - The first letter of the patient's given second name.

DATA ENTRY MODE:

Direct Entry.

OPTIONS:

- Single Letter (Character)
- Default is blank

GENERAL INFORMATION:

Field Name:	Patient's Middle Initial
Data Base Column Name:	PMI
Data Base File Name:	T.DBF
Window Location:	Demographics
Field Group:	Name
Required:	Yes
Type of Field:	Character
Length:	1

**b. Social Security Number (SOCSECNO)**

DEFINITIONS:

Social Security Number: a nine digit federal code registered to American Citizens.

DATA ENTRY MODE:

Direct Entry.

This field cannot be partially filled.

OPTIONS:

- xxx-xx-xxxx (9-digit)
- Default is blank

GENERAL INFORMATION:

Field Name:	Patient Social Security Number
Data Base Column Name:	SOCSECNO
Data Base File Name:	T.DBF
Window Location:	Demographics
Field Group:	Demographics
Required:	Yes
Type of Field:	Character
Length:	11

**c. Sex (GENDER)**

**DEFINITION:**

Gender - Patient's gender.

**DATA ENTRY MODE:**

Pop-up List.

**OPTIONS:**

- F = Female
- M = Male
- X = Not Available (Default)

**GENERAL INFORMATION:**

Field Name:	Patient's Gender
Data Base Column Name:	Gender
Data Base File Name:	T.DBF
Window Location:	Demographics
Field Group:	Name
Required:	Yes
Type of Field:	Character
Length:	1

**d. Race (RACE)**

**DEFINITIONS:**

Race - A family, tribe, people, or nation belonging to the same stock.

**DATA ENTRY MODE:**

Pop-up List.

**OPTIONS:**

- A = Asian
- B = Black
- H = Hispanic
- I = American Indian
- O = Other
- W = White
- X = Not Available (Default)

**GENERAL INFORMATION:**

Field Name:	Patient's Race
Data Base Column Name:	RACE
Data Base File Name:	T.DBF
Window Location:	Demographics
Field Group:	Name
Required:	Yes
Type of Field:	Character

Length: 1

**e. Age (AGE)**

**DEFINITIONS:**

Age - The date of birth to the date that the patient presented to the hospital expressed in years.

**DATA ENTRY MODE:**

Auto-generated. (This field can also be changed by direct entry). The patient's age will be automatically calculated and placed in this field after the patient's date of birth and hospital arrival date has been entered.

**OPTIONS:**

- 0-110 (double check if age >110)
- -5 = Not Available (Default)

**GENERAL INFORMATION:**

Field Name:	Patient's Age
Data Base Column Name:	AGE
Data Base File Name:	T.DBF
Window Location:	Demographics
Field Group:	None
Required:	Yes
Type of Field:	Numeric
Length:	5

**f. Date of Birth (DOB)**

**DEFINITIONS:**

Date of Birth - The month, day, and year (mm/dd/yyyy) of the patient's birth.

**DATA ENTRY MODE:**

Direct Entry.

**OPTIONS:**

- mm/dd/yyyy
- / / Default is blank

**GENERAL INFORMATION:**

Field Name:	Date of Birth
Data Base Column Name:	DOB
Data Base File Name:	T.DBF
Window Location:	Demographics
Field Group:	None
Required:	Yes
Type of Field:	Numeric
Length:	10

**g. Address**

- Patient's Home Address Line 1 (PADDRS1)

**DEFINITIONS:**

Patient's Home Address - The number and street name where the patient most often resides.

**DATA ENTRY OPTIONS:**

Direct Entry.

**OPTIONS:**

- P.O. Box (Mailing Address)
- Street Address
- Blank (Default)

**GENERAL INFORMATION:**

Field Name:	Patient's Home Address
Data Base Column Name:	PADDRESS
Data Base File Name:	T.DBF
Window Location:	Demographics
Field Group:	None
Required:	Yes
Type of Field:	Character (Alphanumeric)
Length:	20

- Patient's Home Address Line 2 (PADDRS2)

**DEFINITIONS:**

Patient's Home Address Line 2 - An additional line for the number and street name where the patient most often resides.

**DATA ENTRY MODE:**

Free text field.

**OPTIONS:**

- Default is blank

**GENERAL INFORMATION:**

Data Base Column Name:	PADDRS2
Data Base File Name:	T.DBF
Window Location:	Demographics
Field Group:	None
Required:	No
Type of Field:	Character
Length:	20

- Patient Home City (PCITY)

**DEFINITIONS:**

Patient's Home City - The name of the city in which the patient most often resides.

**DATA ENTRY MODE:**

Pop-up List.

**OPTIONS:**

- Multiple Letters
- Not Available (Default)

If the patient is homeless or a transient, in the street address field insert "homeless" or "transient", then fill in your hospitals, City and the state. The zip code should then be "00000".

**GENERAL INFORMATION:**

Field Name:	Patient's Home City
Data Base Column Name:	PCITY
Data Base File Name:	T.DBF
Window Location:	Demographics
Field Group:	None
Required:	Yes
Type of Field:	Character
Length:	15

- Patient State of Residence (PSTATE)

**DEFINITIONS:**

Patient's State of Residence - The state in which the patient most often resides.

**DATA ENTRY MODE:**

Auto-generated.

If the patient is homeless or a transient, in the street address field insert "homeless" or "transient", then fill in your hospitals City and the state. The zip code should then be "00000".

**OPTIONS:**

- State Name (2 letters)
- UK (unknown)

**GENERAL INFORMATION:**

Field Name:	Patient's State of Residence
Data Base Column Name:	PSTATE
Data Base File Name:	T.DBF
Window Location:	Demographics
Field Group:	None
Required:	Yes
Type of Field:	Character
Length:	2

**h. Zip Code (PZIPCODE)**

**DEFINITIONS:**

Patient Zip Code - Numeric code for the locale in which the patient resides.

**Instruction:**

- 1) Add a new zip code "00000" with the city, county and state under "city" field (press F2).
- 2) If the patient is *Homeless* or *Transient*, type in "Homeless" in the *address field*, and select the address (city, state and county) with "00000" zip code.

**DATA ENTRY MODE:**

Auto-generated.

**OPTIONS:**

- 00000
- 99999
- Number (5-digit)

**GENERAL INFORMATION:**

Field Name:	Patient's Home Zip Code
Data Base Column Name:	PZIPCODE
Data Base File Name:	T.DBF
Window Location:	Demographics
Field Group:	None
Required:	Yes
Type of Field:	Alphanumeric
Length:	14

## Section 2. Insurance Category

### a. Primary Payor Source (INSUR)

#### DEFINITIONS:

Primary Payor Source - The primary health and medical policy carried to assist in payment of medical bills.

#### DATA ENTRY MODE:

Pop-up List.

#### OPTIONS:

- Commercial (including Champus and TriCare, BCBS, HMO, PPO, etc)
- Liability (including Auto)
- Medicare
- Medicaid
- Self Pay (Not Available listed as self pay)
- Workers Comp = Workers Compensation

#### GENERAL INFORMATION:

Field Name:	Primary Payor Source
Data Base Column Name:	INSUR
Data Base File Name:	T.DBF
Window Location:	Financial
Field Group:	Financial
Required:	Yes
Type of Field:	Character
Length:	15

### Section 3. Regarding the Injury

#### a. Injury Date (INJDATE)

##### DEFINITIONS:

Injury Date - day, month, and year (mm/dd/yyyy) on which the injury occurred.

##### DATA ENTRY MODE:

Direct Entry.

##### OPTIONS:

- mm/dd/yyyy

##### GENERAL INFORMATION:

Field Name:	Date on Which Injury Occurred
Data Base Column Name:	INJDATE
Data Base File Name:	T.DBF
Window Location:	Injury
Field Group:	Time & Date
Required:	Yes
Type of Field:	Numeric
Length:	8

#### b. Injury Time (INJTIME)

##### DEFINITIONS:

Injury Time - Time that the injury occurred, expressed in military format.

##### DATA ENTRY MODE:

Direct Entry.

##### OPTIONS:

- 00:00 (midnight) through 23:59 (11:59) valid military time
- :-5 = Not Available (Default)

##### GENERAL INFORMATION:

Field Name:	Time at Which Injury Occurred
Data Base Column Name:	INJTIME
Data Base File Name:	T.DBF
Window Location:	Injury
Field Group:	Time & Date
Required:	Yes
Type of Field:	Numeric
Length:	5

#### c. Injury Zip Code (INJZIP)

##### DEFINITIONS:

Injury Zip Code - Numeric code of the locale in which the injury occurred.



**DATA ENTRY MODE:**

Auto-generated.

Instruction:

- 1) If the zip code of the location the injury occurred is known, you would put that zip code.
- 2) If the zip code is unknown, so you would use patient's home zip if the injury occurred in same city.
- 3) If the patient is homeless and the zip code is unknown. You would put 00000.
- 4) If the location of the injury occurred and the patient's home are in different cities and the zip code is unknown. You would leave the zip code as blank.

**GENERAL INFORMATION:**

Field Name:	Zip Code of Injury Location
Data Base Column Name:	INJZIP
Data Base File Name:	T.DBF
Window Location:	Injury
Field Group:	Injury Location
Required:	Yes
Type of Field:	Alphanumeric
Length:	14

**d. E-Code (ECODE)**

**DEFINITIONS:**

E Code - An index to external causes of injury and poisoning organized by the main terms, which describe the accident, circumstance, event, or specific agent, which caused the injury or other adverse effect.

**DATA ENTRY MODE:**

Pop-up List.

**OPTIONS:**

- 800.0-995

**GENERAL INFORMATION:**

Field Name:	E-Code
Data Base Column Name:	ECODE
Data Base File Name:	T.DBF
Window Location:	Injury
Field Group:	Injury
Required:	Yes
Type of Field:	Numeric
Length:	5

**e. Mechanism of Injury (BLUNT)**

**DEFINITIONS:**

Blunt - Non-penetrating injury, from an external force causing injury.

Penetrating - Injury resulting from a projectile force, piercing instrument, and entering deeply causing tissue and/or organ injury.

Burn - Tissue injury from excessive exposure to chemical, thermal, electrical, or radioactive agents.

**DATA ENTRY MODE:**

Pop-up List.

**OPTIONS:**

- Blunt
- Burn
- Penetrating

**GENERAL INFORMATION:**

Field Name:	Blunt or Penetrating Injury
Data Base Column Name:	BLUNT
Data Base File Name:	T.DBF
Window Location:	Injury
Field Group:	Mechanism
Required:	Yes
Type of Field:	Character
Length:	15

**f. Location Category (INJSITE)**

**DEFINITIONS:**

Injury Site - The description of the location at which the patient was injured.

**DATA ENTRY MODE:**

Pop-up List.

**OPTIONS:**

E849.0 = Home (includes apartment, boarding house, farm house, home premises, house (residential), non-institutional place of residence, private driveway, garage, garden, home, walk, swimming pool in private house or garden, yard of home).

Excludes: home under construction but not yet occupied, institutional place of residence.

E849.1 = Farm (includes buildings, land under cultivation). Excludes: farm house and home premises of farm.

E849.2 = Quarry and mine (gravel pit, sand pit, tunnel under construction).

E849.3 = Industrial Places and Premises (includes building under construction, dockyard, dry dock, factory building and premises, garage (place of work), industrial yard, loading platform (factory or store), plant, industrial, railway yard, shop (place of work), warehouse, workhouse).

E849.4 = Place for recreation and sport (amusement park, baseball field, basketball court, beach resort, cricket ground, fives court, football field, golf course, gymnasium, hockey field, holiday camp, ice palace, lake resort, mountain resort, playground including school playground, public park, racecourse, resort NOS, riding school, rifle range, seashore resort, skating rink, sports ground, sports palace, stadium, swimming pool, public, tennis court, vacation resort).

E849.5 = Street and Highway

E849.6 = Public Building (building including adjacent ground used by the general public or by a particular group of the public such as: airport, bank, casino, church, cinema, clubhouse, courthouse, dance hall, garage building, hotel, market (grocery or other commodity), movie house, music hall, nightclub, office, office building, opera house, post office, public hall, radio broadcasting station, restaurant, school (state, public or private), shop, commercial, station (bus, railway), store, theater).

E849.7 = Residential Institution (children's home, dormitory, hospital, jail, old people's home, orphanage, prison, reform school).

E849.8 = other specified places (beach NOS, canal caravan site NOS, derelict house, desert, dock, forest, harbor, hill, lake NOS, mountain, parking lot, parking place, pond or pool (natural), prairie, public place NOS, railway line, reservoir, river, sea, seashore NOS, stream, swamp, trailer court, woods).

E849.9 = Unspecified Place (Default)

**GENERAL INFORMATION:**

Field Name:	Site at Which Injury Occurred
Data Base Column Name:	INJSITE
Data Base File Name:	T.DBF
Window Location:	Injury
Field Group:	Mechanism
Required:	Yes
Type of Field:	Character
Length:	15

**g. Safety Device (SAFETY)**

**DEFINITIONS:**

Safety Equipment - The safety device in use or worn by the patient at the time of the injury.

**DATA ENTRY MODE:**

Pop-up List.

**OPTIONS:**

- Air Bag & Belt
- Air Bag Deployed

- Eye Protection
- Hard Hat
- Helmet
- Infant/Child Car Seat
- Protective Clothing
- Seat Belt
- None Used (including no helmet, unbelted. Any case If safety option is available, but not used)
- Not Applicable
- Unknown

**GENERAL INFORMATION:**

Field Name:	Safety Equipment
Data Base Column Name:	SAFETY
Data Base File Name:	T.DBF
Window Location:	Injury
Field Group:	MVC
Required:	Yes
Type of Field:	Character (Alphanumeric)
Length:	15

## **Section 4. Regarding Out-of-Hospital Activity**

### **a. EMS Provider Name (EMS)**

#### **DEFINITIONS:**

EMS (Emergency Medical Services) - The arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of emergency medical services required to prevent and manage incidents that occur because of a medical emergency or accident, natural disaster, or similar situation.

#### **INSTRUCTION:**

Put EMS provider license number in choice column and name in description column. The EMS license number can be found from the state data dictionary (appendix B). BLS license number is 1XXX and ALS license number is 5XXX.

#### **DATA ENTRY MODE:**

Pop-up List.

#### **OPTIONS:**

- 1000-4999 (BLS)
- 5000-9998 (ALS)
- Not Applicable (Default)
- Not Available
- Not Recorded

### **b. EMS Run Number (AMBRUN)**

#### **DEFINITIONS:**

Ambulance Run Number - The preprinted ambulance run number on the trip sheet.

#### **INSTRUCTION:**

With multiple EMS providers and Referring Hospitals, use numbers sequentially.

If do not have names or complete info from original squad or referring hospital, list them as #1 with as much data as available. If nothing available, list as Not Available.

# 1: First responder EMS run from Scene to first hospital.

# 2: Other EMS run from scene to hospital except first responder run.

# 3: The EMS run for transferring patient between hospitals (optional).

#### **DATA ENTRY MODE:**

Direct Entry.

#### **OPTIONS:**

- Default is blank
- Not Recorded
- Not Available

**c. Destination Determination (EMSDD)**

**DEFINITIONS:**

The reason the unit chose to deliver or transfer the patient to the destination. See **Appendix C** for adding the data point into NTRACS.

**DATA ENTRY MODE:**

Pop-up List.

**OPTIONS:**

**1 - Closest facility**

Health care facility closest to the scene.

**2 - Specialty Resource Center**

Health care facility that has expertise in a particular area of care. i.e. Trauma Center, Burn Center, Children's Hospital, etc.

**3 - Diversion**

Initial hospital contacted and states that their resources are at capacity. Hospital states they are on "diversion status".

**4 - On Line Medical Direction**

On-line physician directed transportation to a particular facility. On-line physician diverts patient to another hospital.

**5 - Hospital of Choice**

Patient, family, physician, or law enforcement requests the patient be transported to a particular facility.

**6 - Not Applicable (default)**

**GENERAL INFORMATION:**

Field Name:	Reason for Choosing Destination of EMS
Data Base Column Name:	EMSDD
Data Base File Name:	TUSER.DBF
Window Location:	Prehospital
Type of Field:	Character
Length:	25

**d. Dispatch Time**

**(1) Dispatch Date (DISPDATE)**

**DEFINITIONS:**

Dispatch Date - The date EMS was dispatched to treat/transport the patient to the initial hospital.

EMS (Emergency Medical Services) - The arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of emergency medical services

required to prevent and manage incidents that occur because of a medical emergency or accident, natural disaster, or similar situation.

**DATA ENTRY MODE:**

Direct Entry.

**OPTIONS:**

- mm/dd/yyyy

**GENERAL INFORMATION:**

Field Name:	Dispatch Date of EMS
Data Base Column Name:	DISPDATE
Data Base File Name:	TPREPAT.DBF
Window Location:	Prehospital
Field Group:	Date & Times
Type of Field:	Numeric
Length:	8

**(2) Dispatch Time (DISPTIME)**

**DEFINITIONS:**

Dispatch Time - The time the first responder was dispatched to the scene of the injury. EMS (Emergency Medical Services) - The arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of emergency medical services required to prevent and manage incidents that occur because of a medical emergency or accident, natural disaster, or similar situation.

**DATA ENTRY MODE:**

Direct Entry.

**OPTIONS:**

- 00:00 (midnight) through 23:59 (11:59 p.m.) valid military time
- :-5 = Not Available

**GENERAL INFORMATION:**

Field Name:	Dispatch Time of EMS
Data Base Column Name:	DISTIME
Data Base File Name:	T.DBF
Window Location:	Prehospital
Field Group:	Date & Times
Type of Field:	Numeric
Length:	5

**e. Time of Arrival at Scene (ARRTIME)**

**DEFINITIONS:**

Scene Arrival Time - The time the first EMS responder arrived at the scene. EMS (Emergency Medical Services) – The arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of emergency medical services

required to prevent and manage incidents that occur because of a medical emergency or an accident, natural disaster, or similar situation.

**DATA ENTRY MODE:**

Direct Entry.

**OPTIONS:**

- 00:00 (midnight) through 23:59 (11:59 p.m.) Valid military time
- : -5 = Not Available (Default)

**GENERAL INFORMATION:**

Field Name:	Arrival Time of EMS at Injury Scene
Data Base Column Name:	ARRTIME
Data Base File Name:	TPREPAT.DBF
Window Location:	Prehospital
Field Group:	Character
Type of Field:	Numeric
Length:	5

**f. Transport Time**

**(1) Time Left Scene (DEPTIME)**

**DEFINITIONS:**

Depart Time - The time the EMS left the scene with the patient. EMS (Emergency Medical Services) - The arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of emergency medical services required to prevent and manage incidents that occur because of a medical emergency or accident, natural disaster, or similar situation.

**DATA ENTRY MODE:**

Direct Entry.

**OPTIONS:**

- 00:00 (midnight) through 23:59 (11:59 p.m.) valid military time
- :-5 = Not Available

**GENERAL INFORMATION:**

Field Name:	Departure Time of EMS
Data Base Column Name:	DEPTIME
Data Base File Name:	TPREPAT.DBF
Window Location:	Prehospital
Field Group:	Date & Time
Type of Field:	Character
Length:	5

**(2) Time Arrived at Facility (ARRHOSP1)**

**DEFINITIONS:**



Initial Hospital Arrival Time - The time the patient arrived at the first hospital.  
Initial Hospital - The hospital where the patient was initially given cares or evaluated. This may be at your institution or at a referring hospital. The patient does not have to be admitted to the referring hospital.

**OPTIONS:**

- 00:00 (midnight) through 23:59 (11:59 p.m.) Valid Military Time
- : -5 = Not Available

**GENERAL INFORMATION:**

Field Name:	Arrival Time at the Initial Hospital
Database Column Name:	ARRHOSP1
Database File Name:	TPREPAT.DBF
Window Location:	Prehospital
Field Group:	Date & Times
Required:	Yes
Type of Field:	Numeric
Length:	5

**g. Initial Patient Data**

**(1) Blood Pressure (SBP)**

**DEFINITIONS:**

Scene Systolic Blood Pressure - Maximum blood pressure occurring during contraction of ventricles. The first systolic blood pressure taken at the scene (field value 0 - 300).

**DATA ENTRY MODE:**

Direct Entry.

**OPTIONS:**

- 0-300
- -5 = Not Available (Default)

**GENERAL INFORMATION:**

Field Name:	Systolic Blood Pressure at the Scene
Data Base Column Name:	SBP
Data Base File Name:	TPREVIT.DBF
Window Location:	Prehospital
Field Group:	V.S. (Vital Signs).
Required:	Yes
Type of Field:	Numeric
Length:	3

**(2) Pulse (SPULSE)**

**DEFINITIONS:**

Scene Pulse Rate - Rate of the heartbeat, measured in beats per minute. The patient's initial radial or apical pulse taken at the scene (field value range 0 - 300).

DATA ENTRY MODE:  
Direct Entry.

OPTIONS:

- 0-300
- -5 - Not Available (Default)

GENERAL INFORMATION:

Field Name:	Pulse Rate at the Scene
Data Base Column Name:	SPULSE
Data Base File Name:	TPREVIT.DBF
Window Location:	Prehospital
Field Group:	V.S. (Vital Signs).
Required:	Yes
Type of Field:	Numeric
Length:	3

**(3) Respiration (SRESP)**

DEFINITIONS:

Respiration Rate - The act of breathing, measured in spontaneous unassisted breaths per minute without the use of mechanical devices (field value is 0 - 99).

If a patient come into the hospital with assisted ventilation, and there is no documentation of his/her native (?) respiratory rate, then assign the patient respiratory rate as 0.

If the patient is not with assisted ventilation and there is not documentation of patient respiratory rate, then assign the patient respiratory rate as -5.

DATA ENTRY MODE:  
Direct Entry.

OPTIONS:

- 0-99
- -5 = Not Available (Default)

GENERAL INFORMATION:

Field Name:	Respiratory Rate at the Scene
Data Base Column Name:	SRESP
Data Base File Name:	TPREVIT.DBF
Window Location:	Prehospital
Field Group:	V.S. (Vital Signs).
Required:	Yes
Type of Field:	Numeric
Length:	2

#### **(4) Glasgow Coma Score or Pediatric Coma Scale (SGCS)**

##### **DEFINITIONS:**

Glasgow Coma Scale - A scale used to determine a score based on the total of three (3) readings on the patient.

##### **Eye**

Spontaneous	4
To Voice	3
To Pain	2
No Response	1

##### **Verbal**

Oriented	5
Confused	4
Inappropriate words	3
Incomprehensible sounds	2
No Response	1

##### **Motor**

Obeys Command	6
Localizes Pain	5
Withdraws (pain)	4
Flexion (pain)	3
Extension (pain)	2
No Response	1

Glasgow Coma Scale as quoted by, Champion, Sacco, Copes "Trauma Scoring", TRAUMA edited by Moore, Mattox, Feliciano Appleton and Lange, Norwalk, CT, 1991.

##### **Modified Pediatric Glasgow Coma Scale for Infants and Children**

##### **Child**

Eye Opening Spontaneous	4
Verbal Stimuli	3
Pain	2
No response	1

##### **Child**

Verbal Response Oriented, appropriate	5
Confused	4
Inappropriate Cries	3
Incomprehensible words	2
No response	1

##### **Child**

Motor Response Obeys commands	6
-------------------------------	---

Localizes painful Stimulus	5
Withdraws in response to pain	4
Flexion in response 3 to pain	
Extension in response 2 to pain	
No response	1
Infant	
Eye Response Spontaneous	4
Verbal Stimuli	3
Pain	2
No response	1
Infant	
Verbal Response Coos, babbles	5
Irritable cries	4
Cries to pain	3
Moans to pain	2
No response	1
Infant	
Motor Response Moves spontaneously	6
Withdraws to touch	5
Withdraws in response to pain	4
Decorticate posturing	
in response to pain	3
Decerebrate posturing in response to pain	2
No response	1

Modified from Davis, RJ, and et al. Head and spinal cord injury.  
In: Rogers MC TEXTBOOK OF PEDIATRIC INTENSIVE CARE, Baltimore,  
MD Williams, and Wilkins, 1987.

#### DATA ENTRY MODE:

Auto-generated.

#### OPTIONS:

- 3-15
- -5 = Not Available (Default)

#### GENERAL INFORMATION:

Field Name:	Calculated Glasgow Coma Score at the Scene
Data Base Column Name:	SGCS
Data Base File Name:	TPREVIT.DBF
Window Location:	Prehospital
Field Group:	V.S. (Vital Signs).

Required: Yes  
Type of Field: Numeric  
Length: 2

- **MANED\_GCS**

Help: Manual GCS

Manual GCS in ED - This field is to be used in cases when any or all of the 3 components of the GCS are UNKNOWN, but the total GCS score is KNOWN. Use the first recorded GCS score in the Emergency Department. Valid GCS score 0 to fifteen.

Glasgow Coma Scale - A scale used to determine a score based on the sum of three components: eye opening, verbal response, and motor response.

**(5) Trauma Score or Pediatric Trauma Score (STS)**

**DEFINITIONS:**

The Revised Trauma Score: "is based on the values of the Glasgow Coma Scale, systolic blood pressure and respiratory rate. Raw values are used for triage; coded values are weighted and summed for outcome evaluation (RTS)." Champion et al. Journal of Trauma, 1989 May; 31 (5) 624-629.

The RTS is automatically calculated by the program after the scene GCS score, scene respiratory rate, and scene systolic blood pressure are entered. If one of these parameters are unknown, the RTS cannot be calculated and will be left as "-5".

**DATA ENTRY MODE:**

Auto-generated.

**OPTIONS:**

- 0-12
- -5 = Not Available (Default)

**GENERAL INFORMATION:**

Field Name: Calculated Revised Trauma Score at the Scene  
Data Base Column Name: STS  
Data Base File Name: TPREVIT.DBF  
Window Location: Prehospital  
Field Group: V.S. (Vital Signs).  
Required: Yes  
Type of Field: Numeric  
Length: 2

- **MAN\_STS**

Help: Manual Revised Trauma Score

The Revised Trauma Score: "is based on the values of the Glasgow Coma Scale, systolic blood pressure and respiratory rate. Raw values are used for triage; coded

values are weighted and summed for outcome evaluation (RTS)." Champion et al. Journal of Trauma, 1989 May; 31 (5) 624-629.

## **(6) Airway Management (PRE\_AIRWAY)**

### **DEFINITIONS:**

Airway Management - A device or procedure used to prevent or correct obstructed respiratory passage.

### **DATA MODE ENTRY:**

Pop-up List.

### **INSTRUCTIONS:**

Enter the most invasive airway adjunct used either at the scene or during transport to your ED.

### **OPTIONS:**

- Bag &Mask
- Combitube
- Crico
- LMA
- Nasal ETT
- Oral Airway
- Oral ETT
- Trach
- Not Documented
- Not Performed (Default)

### **GENERAL INFORMATION:**

Field Name:	Airway Management at the Scene
Data Base Column Name:	PRE_AIRWAY
Data Base File Name:	TPREPAT.DBF
Window Location:	Prehospital
Field Group:	Rx
Required:	Yes
Type of Field:	Character
Length:	15

## 5. Regarding the Sending Hospital

### a. Referring Hospital Name (REFERHOSP)

#### DEFINITIONS:

Referring Hospital - The name of the referring hospital. The Standardized Hospital Names and Abbreviations are listed in **Appendix D**.

#### DATA ENTRY MODE:

Pop-up List.

#### OPTIONS:

- Standardized Hospital Name or Abbreviation (**Appendix D**)
- Not Available (Default)

#### GENERAL INFORMATION:

Field Name:	Referring Hospital
Data Base Column Name:	REFERHOSP
Data Base File Name:	TREFPAT.DBF
Window Location:	Referring Hospital
Field Group:	Referring
Required:	Yes
Type of Field:	Character
Length:	30

#### Referring Hospital

This screen holds all the data regarding the patient's care at the referring hospital. If the patient did not have a referring hospital, enter N for no in the Hospital Transfer field and move on to the next screen (ED admission). If the patient was a Hospital Transfer, enter Y for yes. This screen requests the name of the Referring Hospital, Referring Doctor, the Arrival time and date, the Discharge time and date and arrival vital signs. The final field on this screen is the Trauma Score as determined at the referring hospital.

### b. Arrival and Transfer

#### (1) Arrival Date (REF\_ARRDAT)

##### DEFINITIONS:

Referring Hospital Arrival Date - The date of the patient's arrival at the referring hospital shown by mm/dd/yyyy.

Referring Hospital - The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.

#### DATA ENTRY MODE:

Direct Entry.

#### OPTIONS:

- mm/dd/yyyy
- // Default is blank

**GENERAL INFORMATION:**

Field Name:	Arrival Date at Referring Hospital
Data Base Column Name:	REF_ARRDAT
Data Base File Name:	TREFPAT.DBF
Window Location:	Referring Hospital
Field Group:	Dates & Times
Required:	Yes
Type of Field:	Character
Length:	8

**(2) Arrival Time (REF\_ARRTIM)**

**DEFINITIONS:**

Referring Hospital Arrival Time - The time the patient arrived at the referring hospital. Referring Hospital - The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.

**DATA ENTRY MODE:**

Direct Entry.

**OPTIONS:**

- 00:00 (midnight) through 23:59 (11:59) valid military time
- :-5 = Not Available

**GENERAL INFORMATION:**

Field Name:	Arrival Time at Referring Hospital
Data Base Column Name:	REF_ARRTIM
Data Base File Name:	TREFPAT.DBF
Window Location:	Referring Hospital
Field Group:	Dates and Times
Required:	Yes
Type of Field:	Character
Length:	5

**(3) Discharge Date**

**DEFINITIONS:**

Referring Hospital - The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.

**DATA ENTRY MODE:**

Direct Entry.

**OPTIONS:**

- mm/dd/yyyy
- // Default is blank



#### **(4) Discharge Time**

##### **DEFINITIONS:**

Referring Hospital Discharge Time - The time the patient was discharged from the referring hospital.

##### **DATA ENTRY MODE:**

Direct Entry.

##### **OPTIONS:**

- 00:00 (midnight) through 23:59 (11:59) valid military time
- :-4 = Not Recorded
- :-5 = Not Available

#### **c. Patient Data**

##### **(1) Blood Pressure (REF\_BP)**

##### **DEFINITIONS:**

The first blood pressure reading at the referring hospital.

Systolic Blood Pressure - Maximum blood pressure occurring during contraction of ventricles. Acceptable range is 0 - 300.

Referring Hospital - The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.

##### **DATA ENTRY MODE:**

Direct Entry.

##### **OPTIONS:**

- 0-300
- -5 = Not Available

##### **GENERAL INFORMATION:**

Field Name:	Systolic Blood Pressure at Referring Hospital
Data Base Column Name:	REF_BP
Data Base File Name:	TREFPAT.DBF
Window Location:	Referring Hospital
Field Group:	V.S. (Vital Signs).
Required:	Yes
Type of Field:	Numeric
Length:	3

##### **(2) Pulse (REF\_PULSE)**

##### **DEFINITIONS:**

The first pulse rate measured at the referring hospital.

Pulse Rate - Rate of the heartbeat measured in beats per minute. (Do not use the cardiac monitor.)

Referring Hospital - The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.

**DATA ENTRY MODE:**

Direct Entry.

**OPTIONS:**

- 0-300
- -5 = Not Available (Default)

**GENERAL INFORMATION:**

Field Name:	Pulse Rate at Referring Hospital
Data Base Column Name:	REF_PULSE
Data Base File Name:	TREFPAT.DBF
Window Location:	Referring Hospital
Field Group:	V.S. (Vital Signs).
Required:	Yes
Type of Field:	Numeric
Length:	3

**(3) Respiration (REF\_RESP)**

**DEFINITIONS:**

The first respiration rate measured at the referring hospital.

Respiration Rate - The act of breathing, measured in spontaneous unassisted breaths per minute without the use of mechanical devices.

Referring Hospital - The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.

**Instruction:**

- 1) If a patient come into the hospital with assisted ventilation, and there is no documentation of his/her native respiratory rate, then assign the patient respiratory rate as 0.
- 2) If the patient is not with assisted ventilation and there is not documentation of patient respiratory rate, then assign the patient respiratory rate as -5.

**DATA ENTRY MODE:**

Direct Entry.

**OPTIONS:**

- 0-99
- Not Available (Default)

**GENERAL INFORMATION:**

Field Name:	Respiratory Rate
Data Base Column Name:	REF_RESP
Data Base File Name:	TREFPAT.DBF
Window Location:	Referring Hospital
Field Group:	V.S. (Vital Signs).
Required:	Yes
Type of Field:	Character
Length:	2

#### **(4) Initial Glasgow Coma Score or Pediatric Coma Scale (REF\_GCS)**

##### **DEFINITIONS:**

The initial GCS score readings at the referring hospital.

Referring Hospital - The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.

GCS Glasgow Coma Scale - A scale used to determine a score based on the total of three (3) readings on the patient. A detailed list of the Glasgow Coma Scale's components is listed below.

##### **Eye**

Spontaneous	4
To Voice	3
To Pain	2
No Response	1

##### **Verbal**

Oriented	5
Confused	4
Inappropriate words	3
Incomprehensible sounds	2
No Response	1

##### **Motor**

Obeys Command	6
Localizes Pain	5
Withdraws (pain)	4
Flexion (pain)	3
Extension (pain)	2
No Response	1

Glasgow Coma Scale as quoted by, Champion, Sacco, Copes "Trauma Scoring", TRAUMA edited by Moore, Mattox, Feliciano Appleton and Lange, Norwalk, CT, 1991.

Modified Pediatric Glasgow Coma Scale for Infants and Children  
Child

Eye Opening Spontaneous	4
Verbal Stimuli	3
Pain	2
No response	1
Child	
Verbal Response Oriented, appropriate	5
Confused	4
Inappropriate Cries	3
Incomprehensible words	2
No response	1
Child	
Motor Response Obeys commands	6
Localizes painful	
Stimulus	5
Withdraws in response to pain	4
Flexion in response 3 to pain	
Extension in response 2 to pain	
No response	1
Infant	
Eye Response Spontaneous	4
Verbal Stimuli	3
Pain	2
No response	1
Infant	
Verbal Response Coos, babbles	5
Irritable cries	4
Cries to pain	3
Moans to pain	2
No response	1
Infant	
Motor Response Moves spontaneously	6
Withdraws to touch	5
Withdraws in response to pain	4
Decorticate posturing	
in response to pain	3
Decerebrate posturing in response to pain	2
No response	1

Modified from Davis, RJ, and et al. Head and spinal cord injury.  
In: Rogers MC TEXTBOOK OF PEDIATRIC INTENSIVE CARE, Baltimore,  
MD Williams, and Wilkins, 1987.

**DATA ENTRY MODE:**

Auto-generated.

**OPTIONS:**

- 3-15
- -5 = Not Available (Default)
- **MANREF\_GCS**  
Referring Hospital: Manual Glasgow Coma Score

Manual Glasgow Coma Score - This field is to be used in cases when any or all of the 3 components of the GCS are UNKNOWN, but the total GCS score is KNOWN. Use the first recorded GCS score at the referring hospital.

Referring Hospital - The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary (SDG). Glasgow Coma Scale - A scale used to determine a score based on the total of three (3) readings on the patient.

**(5) Trauma Score or Pediatric Trauma Score (REF\_TS)**

**DEFINITIONS:**

The Revised Trauma Score: "is based on the values of the Glasgow Coma Scale, systolic blood pressure and respiratory rate. Raw values are used for triage; coded values are weighted and summed for outcome evaluation (RTS)." Champion et al. Journal of Trauma, 1989 May; 31 (5) 624-629.

Referring Hospital - The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.

**DATA ENTRY MODE:**

Auto-generated.

**OPTIONS:**

- 0-12
- -5 = Not Available (Default)
- **MANREF\_TS**  
Referring Hospital: Revised Trauma Score

The Revised Trauma Score: "is based on the values of the Glasgow Coma Scale, systolic blood pressure and respiratory rate. Raw values are used for triage; coded values are weighted and summed for outcome evaluation (RTS)." Champion et al. Journal of Trauma, 1989 May; 31 (5) 624-629.

## **(6) Airway Management (REFAIRWAY)**

### **DEFINITIONS:**

Airway - a device or procedure used in the management of maintain an unobstructed airway passage, or for the purpose of ventilation.

### **DATA ENTRY MODE:**

Pop-up List.

Enter the most invasive airway adjunct used in the referring hospital.

### **OPTIONS:**

- Bag &Mask
- Combitube
- Crico
- LMA
- Nasal ETT
- Oral Airway
- Oral ETT
- Trach
- Not Documented
- Not Performed (Default)

### **GENERAL INFORMATION:**

Data Base Column Name:	REFAIRWAY
Data Base File Name:	TREFPAT.DBF
Window Location:	Referring Hospital
Type of Field:	Character
Length:	15

## **d. Temperature (RHTEMP)**

### **DEFINITIONS:**

Temperature - The degree of heat in a living body. The acceptable range is 0 – 110 Fahrenheit or 0 - 41 Celsius degrees. See **Appendix C** for adding the datapoint into NTRACS.

### **DATA ENTRY MODE:**

Direct Entry.

### **OPTIONS:**

- 70-110 (°F) or 20-45 (°C)
- 0.0 = Not Available (Default)

### **GENERAL INFORMATION:**

Field Name:	Temperature of Patient in sending hospitals
Data Base Column Name:	RHTEMP
Data Base File Name:	TUSER.DBF
Window Location:	Referring Hospital

Field Group:	V.S. (Vital Signs).
Required:	Yes
Type of Field:	Numeric
Length:	5

**e. Destination Determination (REFHOSPDD)**

**DEFINITIONS:**

The reason the unit chose to deliver or transfer the patient to the destination. See **Appendix C** for adding the datapoint into NTRACS.

**DATA ENTRY MODE:**

Pop-up List.

**OPTIONS:**

1 - Specialty Resource Center

Health care facility that has expertise in a particular area of care. i.e. Trauma Center, Burn Center, Children's Hospital, etc.

2 - Choice

Patient, family, physician, or insurance requests the patient be transported to a particular facility.

3 - Not Applicable (Default)

**GENERAL INFORMATION:**

Field Name:	Reason for Choosing Destination of Sending Hospitals
Data Base Column Name:	REFHOSPDD
Data Base File Name:	TUSER.DBF
Window Location:	Referring Hospital
Field Group:	
Type of Field:	Character
Length:	25

## Section 6. Regarding the Receiving Hospital

### a. Receiving Hospital Name (**HOSPNO**)

#### DEFINITIONS:

Receiving Hospital - The name of the receiving hospital.

#### DATA ENTRY MODE:

Automatic Input.

#### OPTIONS:

#### GENERAL INFORMATION:

Field Name:	Hospital Name/Hospital Number
Data Base Column Name:	Hospname/Hospno
Data Base File Name:	T.DBF
Window Location:	ED Admission
Field Group:	
Required:	Yes
Type of Field:	character
Length:	30

### b. Arrival:

#### (1) Arrival Date (**ED\_ARRDATE**)

##### DEFINITIONS:

Arrival/Admit Date - If the patient was not a direct admit this date is patient's arrival to your ED shown by mm/dd/yyyy.

This information should be taken from your ER log system or ER documentation. If the patient was a direct admit (i.e., Direct Admit 'Y'), use this field to enter the date the patient was admitted to your institution.

#### DATA ENTRY MODE:

Direct Entry.

#### OPTIONS:

- mm/dd/yyyy
- / / Default is blank

#### GENERAL INFORMATION:

Field Name:	ED Arrival/Admit Date
Data Base Column Name:	ED_ARRDATE
Data Base File Name:	T.DBF
Window Location:	ED Admission
Field Group:	None
Required:	Yes
Type of Field:	Date



Length:

8

**(2) Arrival Time (ED\_ARRTIME)**

**DEFINITIONS:**

Time of patient admission to your facility. You may use the time the patient arrived at the door, or the time of arrival to the burn center. Please be consistent.

**INSTRUCTIONS:**

Use military time; that is, based on a 24-hour day. 10:00 p.m. is listed as 22:00. The program will not accept a time of admission that is earlier than the time of injury. If you do not know the time of admission, press <ENTER> and the field will be left as:-1. Do not enter zeroes (00:00) as this will be interpreted as midnight.

**DATA ENTRY MODE:**

Direct Entry.

**OPTIONS:**

- 00:00 (midnight) through 23:59 (11:59)
- -5 = Not Available

**(3) Transport**

**DEFINITIONS:**

Transport - The mode in which the patient arrived in your institution. It will indict whether the patient is transferred by EMS.

**DATA ENTRY MODE:**

Pop-up List.

**OPTIONS:**

- ALS = Advance Life Support Ambulance
- Ambulance
- BLS = Basic Life Support Ambulance
- Helicopter = Helicopter/Air Transport
- Fixed Wing
- Police
- Private Vehicle/Walk in
- Not Recorded

**(4) Arrived From**

**DEFINITIONS:**

Arrived From - The location from where the patient was prior to arriving.

If the patient went home from the place of injury before arrival at your hospital, select "Home". If the injury occurred at home, select "Scene".

**DATA ENTRY MODE:**

Pop-up List.

**OPTIONS:**

- Clinic/MD Office
- Home
- Jail = Jail/Prison
- Not Available (Default)
- Not Recorded
- Nursing Home
- Refer Hospital
- Scene = Scene of Injury
- Supervised Living
- Urgent Care

**c. Trauma Team Activity**

**(1) Level-1 Trauma Team Activation**

**DEFINITIONS:**

Trauma Team - "A group of health care professionals organized to provide care to the trauma patient in a coordinated and timely fashion." \*The leader of the team must be a "qualified surgeon", with specific composition of the team based on your institutional requirements. Resources for the Optimal care of the Injured Patient. Trauma Team Activation - Announcement of incoming trauma patient via pager system to assemble all members of the trauma team in the ED resuscitation area.

Level-1 - Highest level of team activation at your institution using defined trauma triage guidelines.

DATA ENTRY MODE: Pop-up List. You may revise the titles "Level-1, Level-2, Level-3". Choose "Utilities" at the main menu, then "Data Entry Options".

**OPTIONS:**

- X = Trauma Team Was Not Activated
- Y = Trauma Team Was Activated
- V = Not Recorded
- Z = Not Available (Default)

**(2) Trauma Surgeon Call Time**

**DEFINITIONS:**

Trauma Surgeon - Fourth year or greater surgical resident, or attending trauma surgeon. For hospitals without surgical residents, use the Trauma Attending response times.

Trauma Surgeon Called - The time at which the Trauma Surgeon was called.

**OPTIONS:**

- 00:00 (midnight)through 23:59 (11:59 p.m.) valid military time

- :-4 = Not Recorded
- :-5 = Not Available (Default)

**(3) Time Trauma Surgeon Arrived**

**DEFINITIONS:**

Trauma Surgeon Present - The earliest time of the Trauma Surgeon's arrival at the patient's bedside, whether in the ED, OR, or ICU.

**OPTIONS:**

- 00:00 (midnight) through 23:59 (11:59 p.m.)
- :-4 = Not Recorded
- :-5 = Not Performed

**(4) Surgical Chief Resident Physician Called**

**DEFINITIONS:**

Surgical Chief Resident Physician Called - The time recorded that the Chief Surgical Resident was notified of the trauma patient.

**DATA ENTRY MODE:**

Direct Entry.

**OPTIONS:**

- 00:00 (Midnight) through 23:59 (11:59 p.m.) valid military time
- :-4 = Not Recorded
- :-5 = Not Available (Default)

**(5) Surgical Chief Resident Physician Present**

**DEFINITIONS:**

Surgical Chief Resident Physician Present - The earliest time of the Surgical Chief Resident Physician's arrival at the patient's bedside, whether in the ED, OR, or ICU.

**DATA ENTRY MODE:**

Direct Entry.

**OPTIONS:**

- 00:00 (Midnight) through 23:59 (11:59 p.m.) valid military time
- :-4 = Not Recorded
- :-5 = Not Available (Default)

**d. Patient Data**

**(1) Blood Pressure (ED\_BP)**

**DEFINITIONS:**

Systolic - Maximum blood pressure occurring during contraction of ventricles.  
Valid range is 0 - 300.

DATA ENTRY MODE:

Direct Entry.

OPTIONS:

- 0-300
- -5 = Not Available (Default)

GENERAL INFORMATION:

Field Name:	Systolic Blood Pressure in ED
Data Base Column Name:	ED_BP
Data Base File Name:	T.DBF
Window Location:	ED Assessment-I
Field Group:	V.S. (Vital Signs).
Required:	Yes
Type of Field:	Numeric
Length:	3

**(2) Pulse (ED\_PULSE)**

DEFINITIONS:

Pulse Rate - Rate of the heartbeat, measured in beats per minute.

DATA ENTRY MODE:

Direct Entry.

INSTRUCTIONS:

Enter the patient's radial or apical pulse on arrival in your ED. Do not use the cardiac monitor rate. The range for this field is 0-300.

OPTIONS:

- 0-300
- -5 = Not Available (Default)

GENERAL INFORMATION:

Field Name:	Pulse Rate in ED
Data Base Column Name:	ED_PULSE
Data Base File Name:	T.DBF
Window Location:	ED Assessment-I
Field Group:	V.S. (Vital Signs).
Required:	Yes
Type of Field:	Numeric
Length:	3

**(3) Respiration (ED\_RESP)**

DEFINITIONS:

Respiration Rate - The act of breathing, measured in spontaneous unassisted breaths per minute, without the use of a mechanical device. The valid range for this field is 0 - 99 breath's per minute.

If a patient comes into the hospital with assisted ventilation, and there is no documentation of his/her native (?) respiratory rate, then assign the patient respiratory rate as 0.

If the patient is not with assisted ventilation and there is not documentation of patient respiratory rate, then assign the patient respiratory rate as -5.

**DATA ENTRY MODE:**

Direct Entry.

**OPTIONS:**

- 0-99
- -5 = Not Available (Default)

**GENERAL INFORMATION:**

Field Name:	Respiratory Rate in ED
Data Base Column Name:	ED_RESP
Data Base File Name:	T.DBF
Window Location:	ED Assessment-I
Field Group:	V.S. (Vital Signs).
Required:	Yes
Type of Field:	Numeric
Length:	2

**(4) Glasgow Coma Score or Pediatric Coma Scale (ED\_GCS)**

**DEFINITIONS:**

Glasgow Coma Scale - A scale used to determine a score based on the initial best sum of three components: eye opening, verbal response, and motor response. Glasgow Coma Scale's components are listed below.

Eye

Spontaneous 4

To Voice 3

To Pain 2

No Response 1

Verbal

Oriented 5

Confused 4

Inappropriate words 3

Incomprehensible sounds 2

No Response 1

Motor  
Obeys Command 6  
Localizes Pain 5  
Withdraws (pain) 4  
Flexion (pain) 3  
Extension (pain) 2  
No Response 1

Valid Range for GCS 3-15

Glasgow Coma Scale as quoted by, Champion, Sacco, Copes "Trauma Scoring",  
TRAUMA edited by Moore, Mattox, Feliciano Appleton and Lange, Norwalk,  
CT, 1991.

DATA ENTRY MODE:

Auto-generated.

OPTIONS:

- 3-15
- -5 = Not Available (Default)

GENERAL INFORMATION:

Field Name:	Glasgow Coma Score in ED
Data Base Column Name:	ED_GCS
Data Base File Name:	T.DBF
Window Location:	ED Assessment-I
Field Group:	V.S. (Vital Signs).
Required:	Yes
Type of Field:	Numeric
Length:	2

- MANED\_GCS

Help: Manual GCS

Manual GCS in ED - This field is to be used in cases when any or all of the 3  
components of the GCS are UNKNOWN, but the total GCS score is KNOWN.  
Use the first recorded GCS score in the Emergency Department. Valid GCS score  
0 to fifteen.

Glasgow Coma Scale - A scale used to determine a score based on the sum of  
three components: eye opening, verbal response, and motor response.

#### **(5) Trauma Score or Pediatric Trauma Score (ED\_TSARR)**

DEFINITIONS:

The Revised Trauma Score - "is based on the values of the Glasgow Coma Scale,  
systolic blood pressure and respiratory rate.

Raw values are used for triage; coded values are weighted and summed for outcome evaluation (RTS).” Unweighted TRS range is from 0 to 12. Weighted RTS values range from 0 to 7.8408. Champion et al. Journal of Trauma, 1989 May; 31 (5) 624-629.

Raw values (displayed):

Glasgow Coma Scale total points:

13-15 = 4

9-12 = 3

6-8 = 2

4-5 = 1

3 = 0

Respiratory Rate - # of respiration's in one minute

10-29 = 4

>29 = 3

6-9 = 2

1-5 = 1

0 = 0

Systolic Blood Pressure

>89 = 4

76-89 = 3

50-75 = 2

1-49 = 1

0 = 0

Calculated values for use in Ps equation:

$RTS = 0.9368 \text{ GCS} + 0.7326 \text{ SBP} + 0.2908 \text{ RR}$

DATA ENTRY MODE:

Auto-generated.

INSTRUCTIONS:

The RTS is automatically calculated by the program after the GCS Score, respiratory rate, and systolic blood pressure is entered. If one of these parameters is unknown the RTS cannot be calculated and will be left as "-5".

OPTIONS:

- 0-12

- -5 = Not Available (Default)

GENERAL INFORMATION:

Field Name: Revised Trauma Score in ED

Data Base Column Name: ED\_TSARR

Data Base File Name: T.DBF

Window Location:	ED Assessment-I
Field Group:	V.S. (Vital Signs).
Required:	Yes
Type of Field:	Numeric
Length:	7

#### **(6) Airway Management (AIRWAY)**

##### **DEFINITIONS:**

Airway Management - A device or procedure used to prevent or correct obstructed respiratory passage.

##### **DATA ENTRY MODE:**

Pop-up List.

##### **OPTIONS:**

- Bag &Mask
- Combitube
- Crico
- LMA
- Nasal ETT
- Oral Airway
- Oral ETT
- Trach
- Not Documented
- Not Performed (Default)

##### **GENERAL INFORMATION:**

Field Name:	Airway Management in ED
Data Base Column Name:	AIRWAY
Data Base File Name:	T.DBF
Window Location:	ED Assessment-I
Field Group:	Rx
Required:	Yes
Type of Field:	Character
Length:	15

#### **e. Temperature (ED\_TEMP)**

##### **DEFINITIONS:**

Temperature - The degree of heat in a living body. The acceptable range is 0 – 110 Fahrenheit or 0 - 41 Celsius degrees.

##### **DATA ENTRY MODE:**

Direct Entry.

##### **OPTIONS:**

- 70-110 (°F) or 20-45 (°C)
- -5 = Not Available (Default)



**GENERAL INFORMATION:**

Field Name:	Temperature of Patient in ED
Data Base Column Name:	ED_TEMP
Data Base File Name:	T.DBF
Window Location:	ED Assessment-I
Field Group:	V.S. (Vital Signs).
Required:	Yes
Type of Field:	Numeric
Length:	5

**f. Admitting Service (ADMSERVICE)**

**DEFINITIONS:**

Admitting Service - The service, to which the patient is designated upon admission to your hospital or, in the case of death in the ED, the service, which gives the patient primary care in the ED.

**DATA ENTRY MODE:**

Pop-up List.

**OPTIONS:**

- Medicine (Including IM, FP, Peds, Neurology, Cards, Pulm, etc)
- Neurosurgery
- Orthopedic
- Pedi Surgery
- Surgery SubSpec (including OB, Plastic, Ophth, ENT, OMFS, Urol, Vasc)
- Trauma
- Not Applicable

**GENERAL INFORMATION:**

Field Name:	Admitting Service
Data Base Column Name:	ADMSERVICE
Data Base File Name:	T.DBF
Window Location:	ED Assessment-II
Field Group:	Disposition
Required:	Yes
Type of Field:	Character
Length:	15

**g. Drug Screen Results if performed (DRUG\_SCRN)**

**DEFINITIONS:**

Toxicology/Drug Screen - Laboratory test used to detect the presence of drugs in the patient's blood or urine.

**DATA ENTRY MODE:**

Pop-up List.

**INSTRUCTIONS:**

Enter the drugs present when drug screening was performed in the ED. You may enter more than one drug. Do not include drugs given to the patient during any phase of resuscitation.

**OPTIONS:**

- Amphetamine
- Antidepressants (including Tricyclics)
- Barbiturate
- Benzodiaz
- Cocaine
- Ethanol
- Marijuana (cannabis)
- Methamphetamines
- Opiates (including Propoxyphene)
- PCP
- Not Performed (default)
- Negative

**GENERAL INFORMATION:**

Field Name:	Drug Screen Results
Data Base Column Name:	DRUG_SCRN
Data Base File Name:	T.DBF
Window Location:	ED Assessment-I
Field Group:	Lab
Required:	Yes
Type of Field:	Character
Length:	15

**h. Blood Alcohol Level (ETOH)****DEFINITIONS:**

Blood Alcohol Level - A measurement of ethyl alcohol in the bloodstream from a sample of serum obtained for laboratory examination.

The unit of measurement is mg/dl with a range of 0-700.00

**DATA ENTRY MODE:**

Direct Entry.

To establish a standard unit of measure (mg/dl), see UTILITIES, DATA ENTRY OPTIONS.

**OPTIONS:**

- 0-700
- -5 = Not Available (Default)

**GENERAL INFORMATION:**

Field Name:	Blood Alcohol Level
-------------	---------------------

Data Base Column Name:	ETOH
Data Base File Name:	T.DBF
Window Location:	ED Assessment-I
Field Group:	Lab
Required:	Yes
Type of Field:	Numeric
Length:	7

**i. Disposition from ED (ED\_DISP)**

**DEFINITIONS:**

ED Disposition - The location of the patient following treatment in the ED.

DOA - Patient arrives with CPR in progress and no other procedures other than verification of airway are done in Emergency Department and resuscitation is stopped, then the patient is considered DOA.

**DATA ENTRY MODE:**

Pop-up List.

**OPTIONS:**

- AMA
- Burn Center
- Death
- DOA (Death)
- Floor (including PCU)
- Home
- ICU (including PICU)
- Jail
- L & D (Labor & Delivery)
- Mental Health
- OR
- Telemetry
- Transfer

**GENERAL INFORMATION:**

Field Name:	ED Disposition of Patient
Data Base Column Name:	ED_DISP
Data Base File Name:	T.DBF
Window Location:	ED Assessment-II
Field Group:	Disposition
Required:	Yes
Type of Field:	Character
Length:	15

**j. Disposition from the Hospital (HOSPDISP)**

**DEFINITIONS:**

Hospital Disposition - The place to which the patient was released when discharged from your hospital. See **Appendix E** for more information.

**DATA ENTRY MODE:**

Pop-up List.

**OPTIONS:**

- 01 Home
- 01 Jail
- 02 Burn Center
- 03 Nursing Home
- 03 Subacute setting, SNF (including TCU)
- 04 Assisted Living
- 05 Hosp Transfer
- 06 Home Health
- 07 AMA
- 20 Death
- 62 Rehabilitation Facility
- 63 Chronic Hospital
- 65 Mental Health
- 02 Trauma Center

**Reference:**

The Uniform Hospital Discharge Data Set (UB-92). Form Locator 22 - Patient Status. ([http://www.cms.hhs.gov/manuals/104\\_claims/clm104c25.pdf](http://www.cms.hhs.gov/manuals/104_claims/clm104c25.pdf))

**GENERAL INFORMATION:**

Field Name:	Hospital Disposition
Data Base Column Name:	HOSPDISP
Data Base File Name:	T.DBF
Window Location:	Hospital Outcome
Field Group:	None
Required:	Yes
Type of Field:	Character
Length:	30

**k. Length of Stay (HOSPDAYS)**

**DEFINITIONS:**

Days in Hospital are calculated according to HCIA conventions. Arrival/Admit Date is counted as day 1.

**DATA ENTRY MODE:**

Auto-generated.

The length of stay in hospital will be automatically calculated and placed in this field after the patient's date of arrival and the patient's date of discharge has been entered. Hospital days are expressed in numerical terms.

**OPTIONS:**

- 1-999
- 0 = ED Disposition is Death or Death (DOA)
- -5 = Not Available

**GENERAL INFORMATION:**

Field Name:	Length of Stay in Hospital
Data Base Column Name:	HOSPDAYS
Data Base File Name:	T.DBF
Window Location:	Hospital Outcome
Field Group:	Resource Utilization
Required:	Yes
Type of Field:	Numeric
Length:	4

**l. ICU Days (ICUDAYS)**

**DEFINITIONS:**

ICU - Any unit or bed staffed with a nurse to patient ratio of 1:1 or 1:2, or a unit or bed designated as ICU level care in your hospital.

**DATA ENTRY MODE:**

Direct Entry.

**OPTIONS:**

- 0 to 999.9 Days in ICU or ICU bed
- -5 = Not Available

**GENERAL INFORMATION:**

Field Name:	Total Days in the ICU
Data Base Column Name:	ICUDAYS
Data Base File Name:	T.DBF
Window Location:	Hospital Outcome
Field Group:	Resource Utilization
Required:	Yes
Type of Field:	Numeric
Length:	6
Length of decimal:	1

**m. Unplanned Readmission (READMIN)**

**DEFINITIONS:**

Unplanned readmission to any health care facility within 30 days of discharge because the patient experienced further health care problems or needed additional care due to the same injury. Excludes planned readmission for staged procedures, etc.

**Registry Entry Instructions:**

Enter under: Patient/Add/Readmission/ enter name or number. And then fill out screen as follow:

1. Code the reason for readmission as the primary diagnosis and the original injury diagnosis as secondary diagnosis in the ICD-9 field under “diagnosis”
2. Describe the reason for readmission in the “Further Explanation” field under “complications”.

**n. Head CT Results (HEADCT)**

**DEFINITIONS:**

Head - Portion of the body, which contains the brain and organs of sight, smell, hearing, and taste. CT Scan (Computerized Axial Tomography) - a diagnostic procedure that utilizes a computer to analyze x-ray data.

**DATA ENTRY MODE:**

Pop-up List.

**OPTIONS:**

- Negative = No Significant Finding
- Positive = Significant Positive Finding, showing actual injury to brain only, not to include the bony structures or face
- Not Performed

**GENERAL INFORMATION:**

Field Name:	Head CT Scan Results
Data Base Column Name:	HEADCT
Data Base File Name:	T.DBF
Window Location:	ED Assessment-II
Field Group:	Dx
Required:	Yes
Type of Field:	Character
Length:	15

**o. ICD-9-CM Diagnosis Codes (DCODE)**

**DEFINITIONS:**

International Classification of Diseases, Index to Diseases and Injuries. Diagnoses codes or DCodes contain " terms referring to diseases (categories 001-799), injuries (categories 800-899, excluding poisonings by drugs and chemicals (categories 960-989), the Supplementary Classification of Factors Influencing Health Status and Contact with Health Services (categories V01-V82), and morphology of neoplasm (M codes). Source: ICD-9-CM, International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification, Fourth Edition, Context Software Systems, Inc., McGraw Hill, Inc., New York, 1993, p. xix

For assistance with coding questions: American Hospital Association, ClearingHouse for ICD9 CM, 1 N. Franklin St. Chicago, IL. 60606

#### INSTRUCTIONS:

ICD9 D-Codes or diagnoses codes may be entered using one of three processes:

1. Direct entry of a valid ICD9 D-Code.
2. Pressing F2 and choosing the Text search option. Then type the complete description of the patient's diagnosis. Press <Search>. Select the diagnosis that you wish to select, and press ® Accept `` to enter it into the database.
3. Pressing F2 and choose the menu option. The menu option allows you to move from the general to the specific diagnosis.
4. Follow the menu options down to the diagnosis that you wish to add to the database. Highlight your selection and press <Select>.

NOTE: National TRACS will prompt you to conform to current coding guidelines by the appearance of a '+' next to a code that requires a fifth digit descriptor.

For users of the National TRACS/ABA Burn Registry, please be aware that the Registry will only generate one diagnosis code. You must manually code the additional relevant burn-related codes (those in the 940-947 series). In addition, in order to be compliant with the current ICD9 coding regulations, use the diagnosis mover to put the manually coded burn codes first in the list of diagnoses. If you have questions concerning how to code, please contact the American Hospital Association, ICD9 Clearinghouse, 1 N. Franklin St., Chicago, IL, 60606

#### OPTIONS:

- 800-994.8

If multiple ICD-9-CM diagnosis codes exist, at least one of them is in the range.

#### GENERAL INFORMATION:

Field Name:	ICD-9 Diagnosis Code
Data Base Column Name:	DCODE
Data Base File Name:	TDIAGS.DBF
Window Location:	Hospital Diagnoses
Field Group:	None
Type of Field:	Character
Length:	5

#### **p. ICD-9-CM Procedure Codes (OPCODE)**

##### DEFINITIONS:

P Codes or Procedure Codes: provide a "...classification of a different mode of therapy, e.g. surgery, radiology, and laboratory procedures." Source: ICD-9-CM,

International Classification of Diseases, 9th Revision, Clinical Modification, Context Software Systems Inc., McGraw Hill Inc., New York, 1993, p. xxv.

**DATA ENTRY MODE:**

Pop-up List.

**OPTIONS:**

- 1.0-99.63
- Default is Blank

**GENERAL INFORMATION:**

Field Name:	ICD-9 Procedure Code
Data Base Column Name:	OPCODE
Data Base File Name:	TOPS.DBF
Window Location:	Procedures
Field Group:	None
Required:	Yes
Type of Field:	Character
Length:	6

**q. Injury Severity Code (CALCISS)**

**DEFINITIONS:**

ISS (Injury Severity Score) - "The ISS is a sum of the squares of the highest AIS-90 code in each of the three most severely injured ISS body regions. The six body regions of injury used in the ISS are: those for Head, Face, Chest, Abdominal or Pelvic contents, Extremities or Pelvic girdle and External." Baker SP, O'Neill B, Haddon W, Long WB, and the Injury Severity Score: A Method for Describing Patients with Multiple Injuries and Evaluating Emergency Care. J Trauma 14:187-196, 1974

**DATA ENTRY MODE:**

Auto-generated. (This field can also be changed by direct entry).

ISS is automatically calculated by the program when appropriate data is entered.

**OPTIONS:**

- 0-75
- -5 Not Available (Default)

**GENERAL INFORMATION:**

Field Name:	Injury Severity Score
Data Base Column Name:	CALCISS
Data Base File Name:	T.DBF
Window Location:	Hospital Diagnosis
Field Group:	Calculated AIS-90 Scores
Required:	Yes
Type of Field:	Numeric
Length:	2



- MANAIS\_ISS  
Hospital Diagnosis: Manual Injury Severity Score (ISS)

**DEFINITIONS:**

AIS-90 (Abbreviated Injury Scale) - "A consensus derived, anatomically based system that classifies individual injuries by body region on a 6-point ordinal severity scale ranging from AIS-90 1 (minor) to AIS-90 6 (currently untreatable)". The Abbreviated Injury Scale", 1990 Revision Association for the Advancement of Automotive Medicine Des Plaines, IL

**DATA ENTRY MODE:**

Direct Entry.

This field should not be used unless there is a revision to the AIS-90. The score that is assigned by the program is taken directly from AIS-90.

**OPTIONS:**

- 0-75
- -4 = Not Recorded
- -5 = Not Available (Default)

**GENERAL INFORMATION:**

Field Name:	Manual Injury Severity Score
Data Base Column Name:	MANAIS_ISS
Data Base File Name:	T.DBF
Window Location:	Hospital Diagnosis
Field Group:	Manual AIS-90 Scores
Required:	Yes
Type of Field:	Numeric
Length:	2

**r. Probability of Survival (PROBOFSURV)**

**DEFINITIONS:**

Ps (Probability of Survival) - Using the TRISS methodology, Ps calculated using ED admission values of the Revised Trauma Score (RTS), the Injury Severity Score (ISS) based on the final Diagnoses, patient age and the type of injury (blunt or penetrating).

TRISS estimates the survival probability (Ps) using the logistic function:

$$Ps = \frac{1}{1 + e^{**} (-B)}$$

where B = B0 + B1 (RTS) + B2 (ISS) + B3 ('age') 'age' equals 0 if the patient is less than 55 years old and equals 1 otherwise. The constants B1, B2, and B3 are derived from the MTOS data for adults with blunt and penetrating injuries.

Source: Copes, et al, AIS-90 Trauma Outcome Norms, Tri-Analytics, Inc.

**DATA ENTRY MODE:**

Auto-generated.

The Ps is automatically calculated by the program after the RTS score, ISS score, the patient's age, and the type of injury is known. If one of these parameters are unknown, as shown by a '-5', the Ps cannot be calculated and will be left as '-5'.

**OPTIONS:**

- 0-0.9999
- -5 = Not Available (Default)

**GENERAL INFORMATION:**

Field Name:	Probability of Survival
Data Base Column Name:	PROBOFSURV
Data Base File Name:	T.DBF
Window Location:	Hospital Diagnoses
Field Group:	V.S. (Vital Signs).
Required:	Yes
Type of Field:	Numeric
Length:	4

**s. Complications from American College of Surgeons list (TCODE)**

Use TRACS Code in NTRACS to represent complications.

**DEFINITIONS:**

TRACS Code: individual numeric code assigned to each complication listed in 1993 Resources for Optimal Care of the Injured Patient.

Data Entry Mode:

Pop-up List.

**OPTIONS:**

- 1001-9010
- None

**GENERAL INFORMATION:**

Field Name:	Complication
Data Base Column Name:	Complication
Data Base File Name:	TCOMPLIC.DBF
Window Location:	Complications
Field Group:	Complications
Required:	Yes
Type of Field:	Numeric
Length:	5

**t. Functional Independence Measure of Discharge (FIM\_SCORE)**

**DEFINITIONS:**

FIM (Functional Independence Measure) - A score calculated to derive a baseline of trauma patient disability at discharge from an acute care facility, using three components: Feeding, Locomotion (Independence), and Motor (Expression).

**DATA ENTRY MODE:**

Auto-generated.

**OPTIONS:**

- 3-12
- -5 = Not Available (Default)

**GENERAL INFORMATION:**

Field Name:	Functional Independence Measure Score
Data Base Column Name:	FIM_SCORE
Data Base File Name:	T.DBF
Window Location:	Hospital Outcome
Field Group:	Modified FIM
Required:	Yes
Type of Field:	Numeric
Length:	2

## Section 7. Regarding the Rehabilitation Center

### a. Length of Stay

#### DEFINITION:

Days in the rehabilitation center from arrival date to discharge date. Documented in whole number days. Arrival/Admit date is counted as day 1.

#### OPTIONS:

- :-5 (Not Available)
- Actual Days

### b. Disposition from the Hospital

#### DEFINITION:

The place to which the patient was released when discharged from your hospital. See **Appendix E** for more information.

#### DATA ENTRY MODE:

Pop-up List.

#### OPTIONS:

- 01 Home
- 01 Jail
- 02 Burn Center
- 03 Trauma Center
- 03 Nursing Home
- 03 Subacute setting, SNF
- 04 Assisted Living
- 05 Hosp Transfer
- 06 Home Health
- 07 AMA
- 20 Death
- 62 Rehabilitation Facility
- 63 Chronic Hospital
- 65 Mental Health

#### Reference:

The Uniform Hospital Discharge Data Set (UB-92). Form Locator 22 - Patient Status. ([http://www.cms.hhs.gov/manuals/104\\_claims/clm104c25.pdf](http://www.cms.hhs.gov/manuals/104_claims/clm104c25.pdf))

### c. ASIA (American Spinal Injury Association) Scores

#### DEFINITIONS:

The ASIA Impairment Scale – A scale used to categorize injury types into specific categories based on the findings from the neurological examination. These categories allow researchers to identify the outcome of different injuries and degrees of spinal cord damage. It is taken at discharge and documented only for spine injury patients.

The following scale is used in grading the degree of impairment:

**A = Complete.** No sensory or motor function is preserved in the sacral segments S4-S5.

**B =Incomplete.** Sensory but not motor function is preserved below the neurological level and extends through the sacral segments S4-S5 (see the appendix ASIA standard).

**C = Incomplete.** Motor function is preserved below the neurological level, and the majority of key muscles below the neurological level have a muscle grade less than 3.

**D = Incomplete.** Motor function is preserved below the neurological level, and the majority of key muscles below the neurological level have a muscle grade greater than or equal to 3.

**E = Normal.** Sensory and motor function are normal.

**Sensory Exam.** The required portion of the sensory examination is completed through the testing of a key point in each of the 28 dermatomes on the right and left sides of the body. At each of these key points, two aspects of sensation are examined: sensitivity to pinprick and to light touch. Testing for pin sensation is usually performed with a disposable safety pin; light touch is tested with cotton.

In addition to bilateral (both sides) testing of the 28 key points, the external anal sphincter is tested for sensation to help determine the completeness/incompleteness of the injury. Optional (though strongly recommended) elements of the sensory examination include position senses and awareness of deep pressure/deep pain.

For each key point

Absent	=	0
Impaired	=	1
Normal	=	2
Not testable	=	NT

**Motor Exam.** The required portion of the motor examination is completed through testing of a key muscle (one on the right and one on the left side of the body) in the 10 paired myotomes. As with the sensory examination, the external anal sphincter is also tested to help determine the completeness of injury.

For each key point

Total paralysis	=	0
Palpable or visible contraction	=	1
Active movement, gravity eliminated	=	2
Active movement, against gravity	=	3
Active movement, against some resistance	=	4
Active movement, against full resistance	=	5
Not testable	=	NT

**Reference:**

The above passages were excerpted, in large part, from "Standards for Neurological and Functional Classification of Spinal Cord Injury," published by the American Spinal Injury Association (ASIA). ([http://www.neuro.wustl.edu/rlc/asia\\_class.html](http://www.neuro.wustl.edu/rlc/asia_class.html))

**d. Comprehensive FIM Score:****DEFINITIONS:**

Functional Independence measures (FIM) – A score calculated to assess physical and cognitive disability in terms of burden of care and monitor patient progress and to assess outcomes of rehabilitation. Assigned at admission to rehabilitation facility and discharge from rehabilitation facility.

The FIM includes 18 items covering independence in self-care, sphincter control, mobility, locomotion, communication, and social cognition (see Exhibit 3.23).

Exhibit 3.23 The Functional Independence Measure: Items and Levels of Function

SELF-CARE	
<i>Eating</i>	Includes use of suitable utensils to bring food to mouth, chewing and swallowing, once meal is appropriately prepared.
<i>Grooming</i>	Includes oral care, hair grooming, washing hands and face, and either shaving or applying makeup.
<i>Bathing</i>	Includes bathing the body from the neck down (excluding the back), either tub, shower, or sponge/bed bath. Performs safely.
<i>Dressing – Upper Body</i>	Includes dressing above the waist as well as donning and removing prosthesis or orthosis when applicable.
<i>Dressing – Lower Body</i>	Includes dressing from the waist down as well as donning or removing prosthesis or orthosis when applicable.
<i>Toileting</i>	Includes maintaining perineal hygiene and adjusting clothing before and after toilet or bedpan use. Performs safely.
SPHINCTER CONTROL	
<i>Bladder Management</i>	Includes complete intentional control of urinary bladder and use of equipment or agents necessary for bladder control.
<i>Bowel Management</i>	Includes complete intentional control of bowel movement and use of equipment or agents necessary for bowel control.
MOBILITY	
<i>Transfers: Bed, Chair, Wheelchair</i>	Includes all aspects of transferring to and from bed, chair, and wheelchair, and coming to a standing position, if walking is the typical mode of locomotion.
<i>Transfer: Toilet</i>	Includes getting on and off a toilet.
<i>Transfers: Tub or Shower</i>	Includes getting into and out of a tub or shower stall.
LOCOMOTION	
<i>Walking or Using a Wheelchair</i>	Includes walking, once in a standing position, or using a wheelchair, once in a seated position, on a level surface.

	<p>Check most frequent mode of locomotion. If both are about equal, check W <i>and</i> C. If initiating a rehabilitation program, check the mode for which training is intended.</p> <p>(   ) <b>W = Walking</b>   (   ) <b>C = Wheelchair</b></p>
<i>Stairs</i>	Goes up and down 12 to 14 stairs (one flight) indoors.
<b>COMMUNICATION</b>	
<i>Comprehension</i>	<p>Includes understanding of either auditory or visual communication (e.g. writing, sign language, gestures).</p> <p>Check and evaluate the most usual mode of comprehension. If both are about equally used, check A <i>and</i> V.</p> <p>(   ) <b>A = Auditory</b>   (   ) <b>V = Visual</b></p>
<i>Expression</i>	<p>Includes clear vocal or non-vocal expression of language. This item includes both intelligible speech or clear expression of language using writing or a communication device.</p> <p>Check and evaluate the most usual mode of expression. If both are about equally used, check V <i>and</i> N.</p> <p>(   ) <b>V = Vocal</b>   (   ) <b>N = Nonvocal</b></p>

<b>SOCIAL COGNITION</b>	
<i>Social Interaction</i>	Includes skills related to getting along and participating with others in therapeutic and social situations. It represents how one deals with one's own needs <i>together</i> with the needs of others.
<i>Problem Solving</i>	Includes skills related to solving problems of daily living. This means making reasonable, safe, and timely decisions regarding financial, social and personal affairs and initiating, sequencing, and self-correcting tasks and activities to solve the problems.
<i>Memory</i>	Includes skills related to recognizing and remembering while performing daily activities in an institutional or community setting. It includes ability to store and retrieve information, particularly verbal and visual. A deficit in memory impairs learning as well as performance of tasks.

<b>DESCRIPTION OF THE LEVELS OF FUNCTION AND THEIR SCORES</b>	
INDEPENDENT	<b>Another person is not required for the activity (NO HELPER).</b>
<i>7 Complete Independence</i>	All of the tasks described as making up the activity are typically performed safely, without modification, assistive devices, or aids, and within a reasonable time.
<i>6 Modified Independence</i>	Activity requires any one or more than one of the following: an assistive device, more than reasonable time, or there are safety (risk) considerations.
DEPENDENT	<b>Another person is required for either supervision or physical assistance in order for the activity to be performed, or it is not performed. (REQUIRES HELPER)</b>
<i>5 Supervision or Setup</i>	Subject requires no more help than standby, cuing or coaxing, without physical contact. Or, helper sets up needed items or applies orthoses.
<i>4 Minimal Contact Assistance</i>	With physical contact the subject requires no more help than touching, and subject expends 75% or more of the effort.
<i>3 Moderate Assistance</i>	Subject requires more help than touching, or expends half (50%) or more (up to 75%) of the effort.
COMPLETE DEPENDENCE	<b>The subject expends less than half (less than 50%) of the effort. Maximal or total assistance is required, or the activity is not performed.</b>
<i>2 Maximal Assistance</i>	Subject expends less than 50% of the effort, but at least 25%.
<i>1 Total Assistance</i>	Subject expends less than 25% of the effort.

**Reference:**

Adapted from Guide for the use of the Uniform Data Set for Medical Rehabilitation. Version 3.0. Buffalo, New York: Uniform Data System for Medical Rehabilitation, The Buffalo General Hospital, 1990.

The WeeFIM is a functional independent measure for children between the ages of 6 months and 7 years. It measures what a child with a disability actually does, regardless of diagnosis or impairment. The information generated can be utilized in the analysis of rehabilitation outcomes. It is a minimal data set of 18 items that measure functional performance in 3 domains:

Self-Care	Mobility	Cognitive
<ul style="list-style-type: none"><li>• Eating</li><li>• Grooming</li><li>• Bathing</li><li>• Dressing: Upper Body</li><li>• Dressing: Lower Body</li><li>• Toileting</li><li>• Bladder Management</li><li>• Bowel Management</li></ul>	<ul style="list-style-type: none"><li>• Transfers:<ul style="list-style-type: none"><li>• Chair/Wheelchair</li></ul></li><li>• Transfers: Toilet</li><li>• Transfers:<ul style="list-style-type: none"><li>• Tub/Shower</li></ul></li><li>• Locomotion:<ul style="list-style-type: none"><li>• Walk/Wheelchair</li></ul></li><li>• Stairs</li></ul>	<ul style="list-style-type: none"><li>• Comprehension</li><li>• Expression</li><li>• Social Interaction</li><li>• Problem Solving</li><li>• Memory</li></ul>

(Uniform Data System: [http://www.udsmr.org/ped/Wee\\_Default.htm](http://www.udsmr.org/ped/Wee_Default.htm))







**e. Rancho Los Amigos Scale/Levels of Cognitive Functioning**

**DEFINITIONS:**

Rancho Los Amigos Score for Acquired Traumatic Brain Injuries - an accepted standard of measurement used by the rehabilitation community to rate a patient's behavioral responses post head injury. Ten levels of consciousness and response patterns to various stimuli are used. Assigned on admission and at discharge from the rehabilitation facility.

**Levels of Cognitive Functioning**

**Level I - No Response: Total Assistance**

- Complete absence of observable change in behavior when presented visual, auditory, tactile, proprioceptive, vestibular or painful stimuli.

**Level II - Generalized Response: Total Assistance**

- Demonstrates generalized reflex response to painful stimuli.
- Responds to repeated auditory stimuli with increased or decreased activity.
- Responds to external stimuli with physiological changes generalized, gross body movement and/or not purposeful vocalization.
- Responses noted above may be same regardless of type and location of stimulation.
- Responses may be significantly delayed.

**Level III - Localized Response: Total Assistance**

- Demonstrates withdrawal or vocalization to painful stimuli.
- Turns toward or away from auditory stimuli.
- Blinks when strong light crosses visual field.
- Follows moving object passed within visual field.
- Responds to discomfort by pulling tubes or restraints.
- Responds inconsistently to simple commands.
- Responses directly related to type of stimulus.
- May respond to some persons (especially family and friends) but not to others.

**Level IV - Confused/Agitated: Maximal Assistance**

- Alert and in heightened state of activity.
- Purposeful attempts to remove restraints or tubes or crawl out of bed.
- May perform motor activities such as sitting, reaching and walking but without any apparent purpose or upon another's request.
- Very brief and usually non-purposeful moments of sustained alternatives and divided attention.
- Absent short-term memory.
- May cry out or scream out of proportion to stimulus even after its removal.
- May exhibit aggressive or flight behavior.
- Mood may swing from euphoric to hostile with no apparent relationship to environmental events.
- Unable to cooperate with treatment efforts.

- Verbalizations are frequently incoherent and/or inappropriate to activity or environment.

#### **Level V - Confused, Inappropriate Non-Agitated: Maximal Assistance**

- Alert, not agitated but may wander randomly or with a vague intention of going home.
- May become agitated in response to external stimulation, and/or lack of environmental structure.
- Not oriented to person, place or time.
- Frequent brief periods, non-purposeful sustained attention.
- Severely impaired recent memory, with confusion of past and present in reaction to ongoing activity.
- Absent goal directed, problem solving, self-monitoring behavior.
- Often demonstrates inappropriate use of objects without external direction.
- May be able to perform previously learned tasks when structured and cues provided.
- Unable to learn new information.
- Able to respond appropriately to simple commands fairly consistently with external structures and cues.
- Responses to simple commands without external structure are random and non-purposeful in relation to command.
- Able to converse on a social, automatic level for brief periods of time when provided external structure and cues.
- Verbalizations about present events become inappropriate and confabulatory when external structure and cues are not provided.

#### **Level VI - Confused, Appropriate: Moderate Assistance**

- Inconsistently oriented to person, time and place.
- Able to attend to highly familiar tasks in non-distracting environment for 30 minutes with moderate redirection.
- Remote memory has more depth and detail than recent memory.
- Vague recognition of some staff.
- Able to use assistive memory aide with maximum assistance.
- Emerging awareness of appropriate response to self, family and basic needs.
- Moderate assist to problem solve barriers to task completion.
- Supervised for old learning (e.g. self care).
- Shows carry over for relearned familiar tasks (e.g. self care).
- Maximum assistance for new learning with little or no carry over.
- Unaware of impairments, disabilities and safety risks.
- Consistently follows simple directions.
- Verbal expressions are appropriate in highly familiar and structured situations.

#### **Level VII - Automatic, Appropriate: Minimal Assistance for Daily Living Skills**

- Consistently oriented to person and place, within highly familiar environments. Moderate assistance for orientation to time.

- Able to attend to highly familiar tasks in a non-distraction environment for at least 30 minutes with minimal assist to complete tasks.
- Minimal supervision for new learning.
- Demonstrates carry over of new learning.
- Initiates and carries out steps to complete familiar personal and household routine but has shallow recall of what he/she has been doing.
- Able to monitor accuracy and completeness of each step in routine personal and household ADLs and modify plan with minimal assistance.
- Superficial awareness of his/her condition but unaware of specific impairments and disabilities and the limits they place on his/her ability to safely, accurately and completely carry out his/her household, community, work and leisure ADLs.
- Minimal supervision for safety in routine home and community activities.
- Unrealistic planning for the future.
- Unable to think about consequences of a decision or action.
- Overestimates abilities.
- Unaware of others' needs and feelings.
- Oppositional/uncooperative.
- Unable to recognize inappropriate social interaction behavior.

#### **Level VIII - Purposeful, Appropriate: Stand-By Assistance**

- Consistently oriented to person, place and time.
- Independently attends to and completes familiar tasks for 1 hour in distracting environments.
- Able to recall and integrate past and recent events.
- Uses assistive memory devices to recall daily schedule, "to do" lists and record critical information for later use with stand-by assistance.
- Initiates and carries out steps to complete familiar personal, household, community, work and leisure routines with stand-by assistance and can modify the plan when needed with minimal assistance.
- Requires no assistance once new tasks/activities are learned.
- Aware of and acknowledges impairments and disabilities when they interfere with task completion but requires stand-by assistance to take appropriate corrective action.
- Thinks about consequences of a decision or action with minimal assistance.
- Overestimates or underestimates abilities.
- Acknowledges others' needs and feelings and responds appropriately with minimal assistance.
- Depressed.
- Irritable.
- Low frustration tolerance/easily angered.
- Argumentative.
- Self-centered.
- Uncharacteristically dependent/independent.
- Able to recognize and acknowledge inappropriate social interaction behavior while it is occurring and takes corrective action with minimal assistance.

**Level IX - Purposeful, Appropriate: Stand-By Assistance on Request**

- Independently shifts back and forth between tasks and completes them accurately for at least two consecutive hours.
- Uses assistive memory devices to recall daily schedule, "to do" lists and record critical information for later use with assistance when requested.
- Initiates and carries out steps to complete familiar personal, household, work and leisure tasks independently and unfamiliar personal, household, work and leisure tasks with assistance when requested.
- Aware of and acknowledges impairments and disabilities when they interfere with task completion and takes appropriate corrective action but requires stand-by assist to anticipate a problem before it occurs and take action to avoid it.
- Able to think about consequences of decisions or actions with assistance when requested.
- Accurately estimates abilities but requires stand-by assistance to adjust to task demands.
- Acknowledges others' needs and feelings and responds appropriately with stand-by assistance.
- Depression may continue.
- May be easily irritable.
- May have low frustration tolerance.
- Able to self monitor appropriateness of social interaction with stand-by assistance.

**Level X - Purposeful, Appropriate: Modified Independent**

- Able to handle multiple tasks simultaneously in all environments but may require periodic breaks.
- Able to independently procure, create and maintain own assistive memory devices.
- Independently initiates and carries out steps to complete familiar and unfamiliar personal, household, community, work and leisure tasks but may require more than usual amount of time and/or compensatory strategies to complete them.
- Anticipates impact of impairments and disabilities on ability to complete daily living tasks and takes action to avoid problems before they occur but may require more than usual amount of time and/or compensatory strategies.
- Able to independently think about consequences of decisions or actions but may require more than usual amount of time and/or compensatory strategies to select the appropriate decision or action.
- Accurately estimates abilities and independently adjusts to task demands.
- Able to recognize the needs and feelings of others and automatically respond in appropriate manner.
- Periodic periods of depression may occur.
- Irritability and low frustration tolerance when sick, fatigued and/or under emotional stress.
- Social interaction behavior is consistently appropriate.

**Reference:**

Original Scale co-authored by Chris Hagen, Ph.D., Danese Malkmus, M.A., Patricia Durham, M.A. Communication Disorders Service, Rancho Los Amigos Hospital, 1972.  
Revised 11/15/74 by Danese Malkmus, M.A., and Kathryn Stenderup

## Appendix A: State of Nebraska Regulations: Nebraska Statewide Trauma System (Title 185 Nebraska Administrative Code)

EFFECTIVE  
MARCH 10, 2002  
NAC 9

NEBRASKA HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE

185

The trauma registry concerning every patient who meets the following criteria:

1. Had at least one of the following ICD-9-CM diagnosis codes: Injury codes in the range of 800-959.9, 994.1 (drowning), 994.7 (asphyxiation & strangulation) or 994.8 (electrocution).
2. Had trauma injuries and was admitted to the hospital from the emergency department.
3. Had trauma injuries and was transferred out of the hospital.
4. Had trauma injuries and was admitted directly to the hospital, bypassing the emergency department.
5. Had trauma injuries and died in the emergency department.
6. Had trauma injuries and was dead on arrival in the emergency department.

**9-009** The report must contain the following information:

1. Regarding the patient:
  - a. Name (EMS and Hospital)
  - b. Social security number (Hospital, if available)
  - c. Sex (EMS and Hospital)
  - d. Race (EMS and Hospital)
  - e. Age (EMS and Hospital)
  - f. Date of birth (Hospital)
  - g. Address (Hospital)
  - h. Zip code (Hospital)
2. Insurance category (Hospital)
3. Regarding the injury:
  - a. Date (EMS)
  - b. Time (EMS)
  - c. Zip code (EMS)
  - d. E-Code (Hospital)
  - e. Mechanism of injury (EMS)
  - f. Location category (EMS)
  - g. Safety device (EMS)
4. Regarding out-of-hospital activity:
  - a. EMS run number (EMS)
  - b. Destination determination (EMS)
  - c. Dispatch time (EMS)
  - d. Time of arrival at scene (EMS)
  - e. Transport time:
    1. Time left scene (EMS)
    2. Time arrived at facility (EMS)
  - f. Initial patient data:
    1. Blood pressure (EMS)



2. Pulse
3. Respiration (EMS)
4. Glasgow coma score, or Pediatric coma scale (EMS and Hospital)
5. Trauma score, or Pediatric trauma score (EMS and Hospital)
6. Airway management (EMS)
5. Regarding the sending hospital:
  - a. Name
  - b. Arrival and transfer:
    1. Date
    2. Time
    3. Patient data, as listed in 4f
    4. Temperature
    5. Destination Determination
6. Regarding the receiving hospital:
  - a. Name
  - b. Arrival and transfer:
    1. Date
    2. Time
    3. Patient data, as listed in 4f
    4. Temperature
  - c. Admitting service
  - d. Drug screen results if performed:
    1. Amphetamines
    2. Barbiturates
    3. Benzodiazepine
    4. Tricyclic
    5. Cocaine
    6. Methamphetamines
    7. PCP
    8. Poly drug
    9. Antidepressants
  - e. Blood alcohol level if performed
  - f. Airway management:
    1. Bag valve mask
    2. Oral intubation
    3. Nasal intubation
    4. Cricothyotomy
    5. Tracheotomy
  - g. Disposition from ED:
    1. Within the hospital:
      - a. Intensive care unit
      - b. Burn center
      - c. Labor and delivery
      - d. Operating room
      - e. Floor
    2. From hospital:
      - a. Transfer
      - b. Died in ED
      - c. Dead on arrival at the ED

- h. Disposition from the hospital:
    - 1. Home
    - 2. Home Health
    - 3. Nursing home
    - 4. Jail
    - 5. Died in hospital
    - 6. Transferred to:
      - a. Mental health facility
      - b. Burn center
      - c. Rehabilitation
  - i. Length of stay
  - j. ICU days
  - k. Unplanned readmission
  - l. Heat CT results
  - m. ICD-9-CM diagnosis codes
  - n. ICD-9-CM procedure codes
  - o. Injury severity codes
  - p. Probability of survival
  - q. Complications from American College of Surgeons list
  - r. Functional independence measure of discharge (FIM score) - abbreviated
- 7. Regarding the rehabilitation center:
  - a. Length of stay
  - b. Disposition from the hospital:
    - 1. Home
    - 2. Hospital
    - 3. Home health
    - 4. Skilled nursing home
    - 5. Jail
    - 6. Died in hospital
    - 7. Transferred to:
      - a. Mental health facility
      - b. Burn center
      - c. Higher level rehabilitation center
  - c. ASIA (American Spinal Injury Association) score
  - d. Comprehensive FIM score (excluding Basic and General B centers)
  - e. Rancho (For Acquired Traumatic Brain Injuries score)

## Appendix B: List of Nebraska Emergency Medical Service Agencies Sorted by Name

License no.	Agency Name	City	County	State	Zip
1001	Adams Rescue Squad	Adams	Gage	NE	68301
1002	Albion Fire And Rescue	Albion	Boone	NE	68620
1003	Alexandria Rescue Unit	Alexandria	Thayer	NE	68303
1004	Allen-Waterbury Rescue Squad	Allen	Dixon	NE	68710
5001	Alliance Fire Dept	Alliance	Box Butte	NE	69301
1005	Alliance Rural Fire District	Alliance	Box Butte	NE	69301
1006	Alma Vol. Fire Dept.	Alma	Harlan	NE	68920
1007	Alvo Rescue Squad	Alvo	Cass	NE	68304
5002	Ambulance Dist.#33	Fairbury	Jefferson	NE	68352
5003	American Ambulance Service, Inc.	Omaha	Douglas	NE	68104
1008	Amherst Vol. Fire Dept.	Amherst	Buffalo	NE	68812
1009	Ansley Vol. Rescue Unit	Ansley	Custer	NE	68814
1010	Antelope Memorial Hosp. Amb.Serv.	Neligh	Antelope	NE	68756
1011	Arapahoe Ambulance & Rescue	Arapahoe	Furnas	NE	68922
1012	Arcadia Vol. Fire Dept./Rescue	Arcadia	Valley	NE	68815
1013	Arlington Rescue Squad	Arlington	Washington	NE	68002
1014	Arnold Vol. Fire Dept.	Arnold	Custer	NE	69120
1015	Arthur Co. Rural Fire Dist.	Arthur	Arthur	NE	69121
1016	Ashland Emergency Service	Ashland	Saunders	NE	68003
1017	Ashton Fire/Rescue	Ashton	Sherman	NE	68817
5004	Atchison-Holt Ambulance District	Tarkio	Atchison	MO	64491
5005	Atkinson Ambulance Service	Atkinson	Holt	NE	68713
1018	Auburn Rescue Squad Inc.	Auburn	Nemaha	NE	68305
1019	Axtell Vol. Fire And Rescue Dept.	Axtell	Kearney	NE	68924
1020	Bancroft Rural Vol. Fire And Rescue	Bancroft	Cuming	NE	68004
5006	Banner Co. Vol. Fire Dept.	Harrisburg	Banner	NE	69345
1021	Bartley Rescue Unit	Bartley	Red Willow	NE	69020
1022	Battle Creek Vol Fire Dept	Battle Creek	Madison	NE	68715
1023	Bayard Fire And Rescue	Bayard	Morrill	NE	69334
5007	Beatrice Fire And Rescue	Beatrice	Gage	NE	68310
1024	Beaver City Ambulance	Beaver City	Furnas	NE	68926
1025	Beaver Crossing V.F.D.	Beaver Crossing	Seward	NE	68313
1026	Beaver Valley Rural Fire Dist.	Danbury	Red Willow	NE	69026
1027	Beemer Rescue	Beemer	Cuming	NE	68716
1028	Behlen Mfg. Co	Columbus	Platte	NE	68602
5008	Bellevue Volunteer Fire Dept.	Bellevue	Sarpy	NE	68005
1029	Bellwood Vol. Fire Dept.	Bellwood	Butler	NE	68624
1030	Bennet Fire & Rescue	Bennet	Lancaster	NE	68317
5100	Bennington Vol Fire & Rescue Dept	Bennington	Douglas	NE	68007
1032	Bertrand Rescue Unit	Bertrand	Phelps	NE	68927
1033	Big Springs Vol. Fire And Rescue	Big Springs	Deuel	NE	69122
1034	Bladen Rescue Service	Bladen	Webster	NE	68928
1035	Blaine County Rescue Squad	Brewster	Blaine	NE	68821
5009	Blair Rescue Squad	Blair	Washington	NE	68008

License no.	Agency Name	City	County	State	Zip
5010	Bloomfield Ambulance Service	Bloomfield	Knox	NE	68718
5011	Boone County Amb. Serv.	Albion	Boone	NE	68620
1036	Boyd County Amb. Service	Butte	Boyd	NE	68722
1037	Brady Vol. Rescue Squad	Brady	Lincoln	NE	69123
1038	Brainard Vol. Fire & Rescue	Brainard	Butler	NE	68626
1039	Bridgeport Vol. Fire Dept.	Bridgeport	Morrill	NE	69336
1040	Broadwater Vol. Fire Dept.	Broadwater	Morrill	NE	69125
5012	Brodstone Mem-Nuckolls Co. Hosp. Am	Superior	Nuckolls	NE	68978
1041	Brown County Amb. Association	Ainsworth	Brown	NE	69210
1042	Brownville Rescue Service	Brownville	Nemaha	NE	68321
1043	Bruning Fire And Rescue	Bruning	Thayer	NE	68322
1044	Burr Rescue Squad, Inc.	Burr	Otoe	NE	68324
1045	Burwell Vol. Fire Dept.	Burwell	Garfield	NE	68823
1046	Butler County Hospital Amb. Serv.	David City	Butler	NE	68632
1047	Cairo Quick Response Team	Cairo	Hall	NE	68824
1048	Callaway Rural Fire And Rescue	Callaway	Custer	NE	68825
1049	Cambridge Rescue Service	Cambridge	Furnas	NE	69022
1050	Camp Luther BLS Services	Schuyler	Colfax	NE	68661
1051	Campbell Rural Fire District	Campbell	Franklin	NE	68932
1052	Carleton Ambulance	Carleton	Thayer	NE	68326
1053	Carroll Volunteer Fire Department	Carroll	Wayne	NE	68723
1054	Cass County Emergency Mgmt Agency	Weeping Water	Cass	NE	68463
1055	Cedar Bluffs Rescue Squad	Cedar Bluffs	Saunders	NE	68015
1056	Cedar Rapids Rescue Squad	Cedar Rapids	Boone	NE	68627
1057	Central City Ambulance Service	Central City	Merrick	NE	68826
1058	Ceresco Vol. Fire & Rescue Dept.	Ceresco	Saunders	NE	68017
1059	Chadron Vol. Fire Fighters	Chadron	Dawes	NE	69337
1060	Chambers Rescue Service	Chambers	Holt	NE	68725
1061	Chapman Fire & Rescue	Chapman	Merrick	NE	68827
1062	Chappell Ambulance Service	Chappell	Deuel	NE	69129
1063	Cherry County Hospital Ambulance	Valentine	Cherry	NE	69201
1064	Chester Vol. Amb. & Rescue Ser.	Chester	Thayer	NE	68327
1065	City Of Broken Bow	Broken Bow	Custer	NE	68822
5013	City of Laurel Ambulance	Laurel	Cedar	NE	68745
5014	City of Papillion Fire and Rescue	Papillion	Sarpy	NE	68046
1066	City of Scottsbluff	Scottsbluff	Scotts Bluff	NE	69361
1067	Clarks Rescue Squad	Clarks	Merrick	NE	68628
1068	Clarkson Rescue Squad	Clarkson	Colfax	NE	68629
1069	Clatonia Rescue Squad	Clatonia	Gage	NE	68328
1070	Clay Center Volunteer Ambulance	Clay Center	Clay	NE	68933
1071	Clearwater Vol. Fire And Rescue	Clearwater	Antelope	NE	68726
1072	Coleridge Ambulance Service	Coleridge	Cedar	NE	68727
5015	Columbus Fire Dept.	Columbus	Platte	NE	68601
1073	Community Memorial Hospital	Syracuse	Otoe	NE	68446
1074	Comstock Rescue Squad	Comstock	Custer	NE	68828
1075	Cooper Emergency Medical Resp. Team	Brownville	Nemaha	NE	68321
1076	Cortland Fire & Rescue	Cortland	Gage	NE	68331

License no.	Agency Name	City	County	State	Zip
1077	Cozad Rescue Squad	Cozad	Dawson	NE	69130
1078	Craig Rescue Unit	Craig	Burt	NE	68019
1079	Crawford Vol. Fire Dept.	Crawford	Dawes	NE	69339
1080	Creighton Ambulance Service	Creighton	Knox	NE	68729
1081	Creston Rescue Unit	Creston	Platte	NE	68631
1082	Crete Ambulance Service	Crete	Saline	NE	68333
1083	Crete Vol. Fire Dept/Rescue Squad	Crete	Saline	NE	68333
1084	Crofton Rescue	Crofton	Knox	NE	68730
1085	Culbertson Rescue Squad	Culbertson	Hitchcock	NE	69024
1086	Dakota City Fire Department, Inc.	Dakota City	Dakota	NE	68731
1384	Dalton Vol. Fire Dept.	Dalton	Cheyenne	NE	69131
1087	Dannebrog/Boelus Rescue Squad	Dannebrog	Howard	NE	68831
1088	Davenport Rescue Unit	Davenport	Thayer	NE	68335
1089	David City Vol. Fire Dept/Rescue	David City	Butler	NE	68632
1090	Daykin Rescue Unit	Daykin	Jefferson	NE	68338
1091	Decatur Vol. Fire And Rescue	Decatur	Burt	NE	68020
1092	Deshler Rescue Squad	Deshler	Thayer	NE	68340
1093	Dewitt Rescue	Dewitt	Saline	NE	68341
1094	Diller Rescue Unit	Diller	Jefferson	NE	68342
1095	Dixon Vol Fire & Rescue	Dixon	Dixon	NE	68732
1096	Dodge Rescue Unit	Dodge	Dodge	NE	68633
1097	Dorchester Vol. Fire And Rescue	Dorchester	Saline	NE	68343
1098	Douglas Rescue	Douglas	Otoe	NE	68344
1099	Duncan Aviation First Responders	Lincoln	Lancaster	NE	68501
5016	Dundy Co Amb Serv - Benkelman / Haigler	Benkelman	Dundy	NE	69021
1100	Dwight Vol. Fire And Rescue	Dwight	Butler	NE	68635
1101	Eagle Vol. Fire & Rescue	Eagle	Cass	NE	68347
1102	Eaglemed	Wichita	Sedgwick	KS	67209
1103	Edgar Vol. Fire Dept.	Edgar	Clay	NE	68935
1104	Elba Volunteer Fire Dept.	Elba	Howard	NE	68835
1105	Elgin Fire & Rescue Service	Elgin	Antelope	NE	68636
5017	Elkhorn Rescue Squad	Elkhorn	Douglas	NE	68022
1106	Elm Creek Vol. Fire Dept.	Elm Creek	Buffalo	NE	68836
1107	Elmwood Rescue	Elmwood	Cass	NE	68349
1108	Elwood Rescue Unit	Elwood	Gosper	NE	68937
1109	Emerson Fire And Rescue	Emerson	Dixon	NE	68733
1110	Eppley Fire/Rescue	Omaha	Douglas	NE	68119
1396	Ericson Fire And First Responder	Ericson	Wheeler	NE	68637
1111	Eustis Rescue Squad	Eustis	Frontier	NE	69028
1112	Ewing Fire & Rescue	Ewing	Holt	NE	68735
1113	Exeter Vol. Fire Dept & Rescue	Exeter	Fillmore	NE	68351
1114	Fairfield Vol. Fire Dept.	Fairfield	Clay	NE	68938
1115	Fairmont Rescue Unit	Fairmont	Fillmore	NE	68354
1116	Falls City Vol. Ambulance Squad	Falls City	Richardson	NE	68355
1117	Farnam Rescue Squad	Farnam	Dawson	NE	69029
1118	Fillmore County Ambulance	Geneva	Fillmore	NE	68361
1119	Firth Fire & Rescue	Firth	Lancaster	NE	68358

License no.	Agency Name	City	County	State	Zip
5018	Fort Calhoun Fire & Rescue	Fort Calhoun	Washington	NE	68023
1120	Franklin Vol. Fire Dept.	Franklin	Franklin	NE	68939
5019	Fremont Fire Department	Fremont	Dodge	NE	68025
1121	Fremont Rural Fire Department	Fremont	Dodge	NE	68025
1122	Friend Rescue Squad	Friend	Saline	NE	68359
1123	Frontier Co. Ambulance - Maywood	Curtis	Frontier	NE	69025
1124	Frontier Co. Ambulance-Curtis	Curtis	Frontier	NE	69025
1125	Fullerton Rescue Squad	Fullerton	Nance	NE	68638
1126	Funk First Response Team	Funk	Phelps	NE	68940
1127	Geneva Rescue Squad	Geneva	Fillmore	NE	68361
1128	Genoa Rescue Squad	Genoa	Nance	NE	68640
1129	Gering Volunteer Fire Department	Gering	Scotts Bluff	NE	69341
1130	Gibbon Fire Dept.	Gibbon	Buffalo	NE	68840
1131	Glenvil Ambulance	Glenvil	Clay	NE	68941
5020	Good Samaritan EMS	Kearney	Buffalo	NE	68848
5021	Gordon Vol. Rescue Squad	Gordon	Sheridan	NE	69343
1132	Gothenburg Vol. Fire Dept.	Gothenburg	Dawson	NE	69138
1133	Grafton Rural Fire District	Grafton	Fillmore	NE	68365
5022	Grand Island Fire Department	Grand Island	Hall	NE	68801
1134	Grand Island Rural Fire Dept.	Grand Island	Hall	NE	68801
1135	Grant County Rescue Squad	Hyannis	Grant	NE	69350
1136	Greeley Vol. Rescue Unit	Greeley	Greeley	NE	68842
1137	Greenwood Vol. Rescue Squad	Greenwood	Cass	NE	68366
1138	Gresham Rural Fire Pro. Dist.	Gresham	York	NE	68367
5023	Gretna Vol. Fire And Rescue Dept.	Gretna	Sarpy	NE	68028
1139	Guide Rock Volunteer Rescue	Guide Rock	Webster	NE	68942
1140	Gurley Vol. Fire & Rescue	Gurley	Cheyenne	NE	69141
1141	Hadar Vol Fire Dept	Hadar	Pierce	NE	68738
1142	Hallam Rescue Squad	Hallam	Lancaster	NE	68368
5024	Hamilton County Ambulance Service	Aurora	Hamilton	NE	68818
1143	Hartington Ambulance Service	Hartington	Cedar	NE	68739
1144	Harvard Fire & Rescue	Harvard	Clay	NE	68944
1145	Hastings Fire Department	Hastings	Adams	NE	68901
1146	Hay Springs Vol. Fire/Rescue	Hay Springs	Sheridan	NE	69347
1147	Hayes Center Ambulance	Hayes Center	Hayes	NE	69032
5025	Heartland EMS	Fremont	Dodge	NE	68025
1148	Hebron Vol. Fire Dept./Rescue	Hebron	Thayer	NE	68370
1149	Hemingford Vol. Fire Dept.	Hemingford	Box Butte	NE	69348
1150	Henderson Rescue Service	Henderson	York	NE	68371
1365	Herman Rescue Squad	Herman	Washington	NE	68029
1151	Hildreth Vol. Fire Dept.	Hildreth	Franklin	NE	68947
1152	Holbrook EMS	Holbrook	Furnas	NE	68948
1153	Holdrege Vol. Fire & Rescue Squad	Holdrege	Phelps	NE	68949
1342	Holstein Rescue Squad	Holstein	Adams	NE	68950
5026	Homer Vol Fire Dept	Homer	Dakota	NE	68030
1154	Hooper Fire Dist.	Hooper	Dodge	NE	68031
1155	Hoskins - Woodland Park Amb.	Hoskins	Wayne	NE	68740

License no.	Agency Name	City	County	State	Zip
1156	Howells Rescue Squad	Howells	Colfax	NE	68641
1157	Humboldt Rescue	Humboldt	Richardson	NE	68376
1158	Humphrey Vol. Fire And Rescue	Humphrey	Platte	NE	68642
5027	Immanuel Medical Center	Omaha	Douglas	NE	68122
1159	Imperial Emergency Medical Service	Imperial	Chase	NE	69033
1160	Indianola Vol. Fire Dept.	Indianola	Red Willow	NE	69034
5028	Irvington Vol. Fire Dept.	Omaha	Douglas	NE	68134
1161	Jewell County E.M.S.	Mankato	Jewell	KS	66956
1162	Johnson County Amb -Cook Rescue	Cook	Johnson	NE	68329
1163	Johnson Lake Emergency Association	Johnson Lake	Gosper	NE	68937
1164	Kawasaki Emergency Medical Response Team	Lincoln	Lancaster	NE	68524
1165	Kearney Volunteer Fire Department	Kearney	Buffalo	NE	68847
1166	Kenesaw Volunteer Fire Dept.	Kenesaw	Adams	NE	68956
1167	Kennard Vol. Rescue Squad	Kennard	Washington	NE	68034
1168	Kimball Co. Ambulance Service	Kimball	Kimball	NE	69145
5029	Lavista Vol. Fire & Rescue Dept.	Lavista	Sarpy	NE	68128
1169	Lawrence Rescue Squad	Lawrence	Nuckolls	NE	68957
1170	Leigh Emergency Unit	Leigh	Colfax	NE	68643
1358	Lewellen Rescue Unit	Lewellen	Garden	NE	69147
1171	Lexington Vol. Fire Dept.	Lexington	Dawson	NE	68850
5030	LifeNet Air Medical Services	Olathe	Johnson	KS	66062
5031	Lincoln Fire & Rescue	Lincoln	Lancaster	NE	68521
1172	Lindsay Vol Fire & Rescue Service	Lindsay	Platte	NE	68644
1173	Linwood Volunteer Fire & Rescue	Linwood	Butler	NE	68036
1174	Litchfield Ambulance Service	Litchfield	Sherman	NE	68852
1175	Lodgepole Volunteer Fire Department	Lodgepole	Cheyenne	NE	69149
1176	Loomis Vol. Fire & Rescue	Loomis	Phelps	NE	68958
1177	Louisville Vol. Fire & Res. Dept.	Louisville	Cass	NE	68037
1178	Loup City Coop Ambulance	Loup City	Sherman	NE	68853
1179	Loup County Ambulance	Taylor	Loup	NE	68879
1180	Lyman Vol Fire Dept	Lyman	Scotts Bluff	NE	69352
1181	Lyons Vol. Fire & Rescue	Lyons	Burt	NE	68038
5032	Madison Emergency Squad	Madison	Madison	NE	68748
1182	Malcolm Fire & Rescue	Malcolm	Lancaster	NE	68402
1183	Mason City Rescue Service	Mason City	Custer	NE	68855
1184	Maxwell Vol. Ambulance Service	Maxwell	Lincoln	NE	69151
5033	McCook City and Volunteer Fire Department	McCook	Red Willow	NE	69001
1185	McPherson County R.F.D	Tryon	McPherson	NE	69167
1186	Mead Vol. Fire And Rescue Dept.	Mead	Saunders	NE	68041
1187	Meadow Grove Vol Fire And Rescue	Meadow Grove	Madison	NE	68752
5101	Med Star	Mc Cook	Red Willow	NE	69001
1188	Medivac	Harlan	Shelby	IA	51537
1189	Merna Emergency Medical Services	Merna	Custer	NE	68856
5034	Midwest Medical Transport Company	Columbus	Platte	NE	68601
5035	Midwest Medics	Council Bluffs	Pottawattamie	IA	51503
1190	Milford Vol. Fire & Rescue	Milford	Seward	NE	68405
1191	Milligan Rescue	Milligan	Fillmore	NE	68406

License no.	Agency Name	City	County	State	Zip
1192	Minatare/Melbeta Vol. Fire Dept.	Minatare	Scotts Bluff	NE	69356
1193	Minden Fire Dept.	Minden	Kearney	NE	68959
5036	Mitchell Vol. Fire Dept.	Mitchell	Scotts Bluff	NE	69357
1194	Monroe Rescue Unit	Monroe	Platte	NE	68647
1195	Morrill Volunteer Rescue Service	Morrill	Scotts Bluff	NE	69358
1196	Mullen Ambulance Service	Mullen	Hooker	NE	69152
1197	Murray Rescue	Murray	Cass	NE	68409
1198	Naper Vol. Fire Dept.	Naper	Boyd	NE	68755
1199	Nebraska Air National Guard Fire Department	Lincoln	Lancaster	NE	68524
5037	Nebraska City Rescue Service	Nebraska City	Otoe	NE	68410
1200	Nehawka Rescue	Nehawka	Cass	NE	68413
1201	Nelson Vol. Fire Dept./Rescue Ser.	Nelson	Nuckolls	NE	68961
1202	Nemaha County Hospital Ambulance	Auburn	Nemaha	NE	68305
1203	Nemaha Rescue Squad	Nemaha	Nemaha	NE	68414
1204	Newcastle Rescue	Newcastle	Dixon	NE	68757
1205	Newman Grove Rescue Unit	Newman Grove	Madison	NE	68758
1206	Nickerson Volunteer Fire & Rescue	Nickerson	Dodge	NE	68044
1207	Niobrara Vol. Rescue Unit	Niobrara	Knox	NE	68760
5038	Norfolk Ambulance Service, Inc.	Norfolk	Madison	NE	68702
5039	Norfolk Fire Division	Norfolk	Madison	NE	68701
1208	North Bend Volunteer Fire Dept.	North Bend	Dodge	NE	68649
5040	North Platte Fire Department	North Platte	Lincoln	NE	69101
1209	O'Neill Vol. Fire Dept.	O'Neill	Holt	NE	68763
1211	Oakland Rescue/Amb. Squad	Oakland	Burt	NE	68045
1212	Oconto Rescue Unit	Oconto	Custer	NE	68860
5041	Ogallala Vol. Fire Dept.	Ogallala	Keith	NE	69153
1213	Ohiowa Rescue	Ohiowa	Fillmore	NE	68416
5042	Omaha Ambulance Service, Inc.	Omaha	Douglas	NE	68104
5043	Omaha Fire Department	Omaha	Douglas	NE	68102
1214	Omaha Tribal Rescue	Macy	Thurston	NE	68039
1215	Ong Vol. Fire & Rescue	Ong	Clay	NE	68452
1210	OPPD Fort Calhoun Station	Fort Calhoun	Washington	NE	68023
1216	Orchard Fire And Rescue	Orchard	Antelope	NE	68764
1217	Ord Vol. Fire Dept.	Ord	Valley	NE	68862
1218	Orleans Vol. Rescue Unit	Orleans	Harlan	NE	68966
1219	Osceola Ambulance/Rescue	Osceola	Polk	NE	68651
1220	Oshkosh Rescue Service	Oshkosh	Garden	NE	69154
1221	Osmond Ambulance Service	Osmond	Pierce	NE	68765
1222	Overton Vol. Fire And Rescue Dept.	Overton	Dawson	NE	68863
1223	Oxford Vol. Fire And Rescue Dept.	Oxford	Furnas	NE	68967
1224	Page Fire And Rescue	Page	Holt	NE	68766
1225	Palisade Rescue Squad	Palisade	Hitchcock	NE	69040
1226	Palmer Rescue Squad	Palmer	Merrick	NE	68864
1227	Palmyra Rescue Service	Palmyra	Otoe	NE	68418
1228	Pawnee County Ambulance Inc.	Pawnee City	Pawnee	NE	68420
1229	Paxton Vol. Fire Dept.	Paxton	Keith	NE	69155
1230	Pender Rescue	Pender	Thurston	NE	68047



License no.	Agency Name	City	County	State	Zip
1231	Perkins County Amb. Ser.	Grant	Perkins	NE	69140
1232	Peru Rescue Squad	Peru	Nemaha	NE	68421
1233	Petersburg Fire & Rescue	Petersburg	Boone	NE	68652
5044	Phelps Memorial Ambulance Service	Holdrege	Phelps	NE	68949
1234	Pickrell Fire & Rescue	Pickrell	Gage	NE	68422
1235	Pierce Rescue Service	Pierce	Pierce	NE	68767
1236	Pilger Fire And Rescue	Pilger	Stanton	NE	68768
1237	Plainview Community Ambulance	Plainview	Pierce	NE	68769
1238	Platte Center Rescue	Platte Center	Platte	NE	68653
5045	Platte County Ambulance Inc.	Columbus	Platte	NE	68601
1239	Plattsmouth Vol. Rescue Squad	Plattsmouth	Cass	NE	68048
1240	Pleasanton Vol. Fire & Rescue Squad	Pleasanton	Buffalo	NE	68866
1241	Plymouth Ambulance Service	Plymouth	Jefferson	NE	68424
1242	Polk Volunteer Fire Department	Polk	Polk	NE	68654
1243	Ponca Hills Volunteer Fire Dept.	Omaha	Douglas	NE	68112
1244	Ponca Rescue Service	Ponca	Dixon	NE	68770
1245	Potter Vol. Fire And Rescue	Potter	Cheyenne	NE	69156
1246	Prague Rescue Squad	Prague	Saunders	NE	68050
5046	Providence Medical Center	Wayne	Wayne	NE	68787
5047	Ralston Vol. Fire/Rescue	Ralston	Douglas	NE	68127
1247	Randolph Rescue Unit	Randolph	Cedar	NE	68771
1248	Ravenna Emergency Unit	Ravenna	Buffalo	NE	68869
1249	Raymond Volunteer & Rescue	Raymond	Lancaster	NE	68428
5048	Regional West Medical Center (Air Link)	Scottsbluff	Scotts Bluff	NE	69361
1250	Republican City Vol. Rescue Squad	Republican City	Harlan	NE	68971
1251	Rising City Vol.Fire Dept.	Rising City	Butler	NE	68658
1252	Rock County Ambulance Service	Bassett	Rock	NE	68714
1253	Rosalie Fire And Rescue	Rosalie	Thurston	NE	68055
1254	Roseland Fire & Rescue Unit	Roseland	Adams	NE	68973
5049	Rural Metro Ambulance	Hastings	Adams	NE	68902
5050	Rural Metro Medical Services	Omaha	Douglas	NE	68132
1255	Rushville Vol. Rescue/Fire	Rushville	Sheridan	NE	69360
1256	Sandhill Rescue And Amb. Ser.	Merriman	Cherry	NE	69218
1257	Sargent Ambulance Service	Sargent	Custer	NE	68874
1258	Saunders County Ambulance	Wahoo	Saunders	NE	68066
1259	Schuyler Rescue Squad	Schuyler	Colfax	NE	68661
1260	Scotia Rescue Unit	Scotia	Greeley	NE	68875
1261	Scribner Rescue Squad	Scribner	Dodge	NE	68057
1262	Seward Vol Fire/Rescue	Seward	Seward	NE	68434
1263	Shelby Rescue Squad	Shelby	Polk	NE	68662
1264	Shelton Vol. Fire And Rescue	Shelton	Buffalo	NE	68876
1265	Shickley Vol. Rescue	Shickley	Fillmore	NE	68436
1266	Sidney Volunteer Fire Department	Sidney	Cheyenne	NE	69162
1267	Silver Creek Ambulance Service	Silver Creek	Merrick	NE	68663
1268	Sioux County Rescue Unit	Harrison	Sioux	NE	69346
1269	Snyder Vol. Rescue Squad	Snyder	Dodge	NE	68664
1270	South Sioux City Rescue	South Sioux City	Dakota	NE	68776

License no.	Agency Name	City	County	State	Zip
1271	Southeast Rural Fire	Lincoln	Lancaster	NE	68516
5051	Southwest Rural Fire Dept	Lincoln	Lancaster	NE	68522
1272	Spalding Rescue Squad	Spalding	Greeley	NE	68665
1273	Spencer Vol. Rescue Unit	Spencer	Boyd	NE	68777
1274	Springfield Rural Fire Pro. Dis.	Springfield	Sarpy	NE	68059
1275	Springview Rescue	Springview	Keya Paha	NE	68778
1276	St Edward Fire & Rescue Dept.	St. Edward	Boone	NE	68660
1277	St. Libory Emergency Medical Service	St. Libory	Howard	NE	68872
1278	St. Paul Rescue Service	St. Paul	Howard	NE	68873
1279	Stamford Fire And Ambulance Service	Stamford	Harlan	NE	68977
5052	Stanton Rescue Service	Stanton	Stanton	NE	68779
1280	Staplehurst Rescue Squad	Staplehurst	Seward	NE	68439
1281	Stapleton Vol. Fire Dept.	Stapleton	Logan	NE	69163
5053	Star Care V	Lincoln	Lancaster	NE	68506
1282	Sterling Rescue-Johnson County Ambulance Service	Sterling	Johnson	NE	68443
1283	Stratton Ambulance	Stratton	Hitchcock	NE	69043
1284	Stromsburg Ambulance Service	Stromsburg	Polk	NE	68666
1285	Stuart Ambulance Service	Stuart	Holt	NE	68780
1286	Sumner Rescue Unit	Sumner	Dawson	NE	68878
1287	Superior Vol. Rescue Squad	Superior	Nuckolls	NE	68978
1288	Sutherland Ambulance	Sutherland	Lincoln	NE	69165
1289	Sutton Vol. Ambulance Service	Sutton	Clay	NE	68979
1290	Syracuse Rescue Service, Inc	Syracuse	Otoe	NE	68446
1291	Table Rock Rescue Squad	Table Rock	Pawnee	NE	68447
1292	Talmage Rescue Squad	Talmage	Otoe	NE	68448
1293	Tecumseh Rescue Squad	Tecumseh	Johnson	NE	68450
1294	Tekamah Fire & Rescue Assn.	Tekamah	Burt	NE	68061
1295	Thayer County Ambulance Service	Hebron	Thayer	NE	68370
1296	Thedford Vol. Rescue Squad	Thedford	Thomas	NE	69166
1297	Thurston Rescue	Thurston	Thurston	NE	68062
5054	Tilden Rescue Squad	Tilden	Madison	NE	68781
1299	Tobias Rescue Unit	Tobias	Saline	NE	68453
1300	Trenton Rescue Squad	Trenton	Hitchcock	NE	69044
1301	Tri-County Hospital	Lexington	Dawson	NE	68850
1302	Uehling Rescue	Uehling	Dodge	NE	68063
1303	Ulysses Vol. Fire Dept.	Ulysses	Butler	NE	68669
1304	Unadilla Rescue	Unadilla	Otoe	NE	68454
5055	Union Medical Services, Inc.	Omaha	Douglas	NE	68106
1305	Union Volunteer Fire & Rescue	Union	Cass	NE	68455
1306	Utica Rescue Squad	Utica	Seward	NE	68456
5056	Valley Ambulance Services, Inc.	Scottsbluff	Scotts Bluff	NE	69361
5057	Valley County Ambulance Service	Ord	Valley	NE	68862
1307	Valley Fire Protection Dist #5	Valley	Douglas	NE	68064
1308	Valmont Emergency Rescue	Valley	Douglas	NE	68064
1309	Valparaiso Fire & Rescue	Valparaiso	Saunders	NE	68065
1310	Verdigre Vol. Rescue Squad	Verdigre	Knox	NE	68783
5058	Village Of Boys Town	Boys Town	Douglas	NE	68010

License no.	Agency Name	City	County	State	Zip
1311	Village Of Brule Vol. Ambulance	Brule	Keith	NE	69127
1312	Wahoo Rescue Squad	Wahoo	Saunders	NE	68066
1313	Wakefield Rescue Unit	Wakefield	Dixon	NE	68784
1314	Wallace Rural Fire Protection Dist.	Wallace	Lincoln	NE	69169
1315	Walthill Rural Fire & Rescue Prot.	Walthill	Thurston	NE	68067
1316	Waterloo Fire And Rescue	Waterloo	Douglas	NE	68069
1317	Wauneta EMS	Wauneta	Chase	NE	69045
1318	Wausa Rural Fire Dept.	Wausa	Knox	NE	68786
1319	Waverly Rescue Squad	Waverly	Lancaster	NE	68462
1320	Webster County #2 Blue Hill	Blue Hill	Webster	NE	68930
1321	Webster County Ambulance	Red Cloud	Webster	NE	68970
1322	Weeping Water Rescue Squad	Weeping Water	Cass	NE	68463
1323	West Point Rescue	West Point	Cuming	NE	68788
1324	Western Rescue Unit	Western	Saline	NE	68464
1325	Weston Fire & Rescue	Weston	Saunders	NE	68070
1326	Wheeler County Rescue Unit	Bartlett	Wheeler	NE	68622
1327	Wilber Rescue Squad	Wilber	Saline	NE	68465
1328	Wilcox Vol. Fire Dept.	Wilcox	Kearney	NE	68982
1329	Wilsonville - Hendley RFD	Wilsonville	Furnas	NE	69046
1330	Winnebago Tribal Rescue And Amb.	Winnebago	Thurston	NE	68071
1331	Winside Rescue Unit	Winside	Wayne	NE	68790
1332	Winslow Rescue Service	Winslow	Dodge	NE	68072
5059	Wisner Rescue Squad	Wisner	Cuming	NE	68791
1333	Wolbach Rescue Squad	Wolbach	Greeley	NE	68882
5060	Wood River Rescue Unit	Wood River	Hall	NE	68883
1334	Wymore Volunteer Fire & Rescue	Wymore	Gage	NE	68466
1335	Wynot Ambulance Service	Wynot	Cedar	NE	68792
5061	York Fire Dept.	York	York	NE	68467
5062	Yutan Fire Dept.	Yutan	Saunders	NE	68073

## Appendix C: Instructions for Adding Custom Datapoints in NTRACS

The instructions are used for adding datapoints that are missing in the Nebraska Trauma Registry Data Dictionary into NTRACS. The addition, editing, and deletion of custom datapoints is controlled through the setting of the NTRACS custom datapoints screen. The custom data point screen does not exist in the data entry screens until the first custom data point has been created.

### Add Custom Datapoints

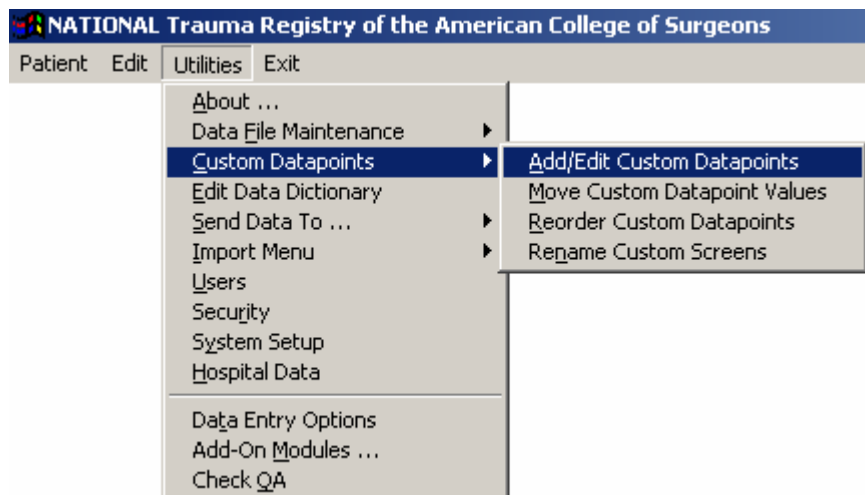
#### a. Destination Determination (Pre-hospital)

- Select the Utilities/Custom datapoints menu item.
- Click on Add/Edit Custom Datapoints (figure 1).
- Assign “EMSDD” as the field name for “Destination Determination (Pre-hospital)” (Figure 2). It will be the field label on the data entry screen.
- Select the “character” type by clicking the radio button.
- Type 25 in “length” field.
- Check the box next to “Has Pop-up”. Pop-up options are added during data entry.
- Type “**Not Applicable**” as the default value.
- Select “**Prehospital**” as the Screen Assignment.
- Click “OK” button to save the setting.

The entry option list for Destination Determination (Pre-hospital)

- Closest Facility
- Diversion
- Hospital of Choice
- Not Applicable (default)
- On-line Medical Direction
- Specialty Resource Center

**Figure 1. Selecting Add/Edit Custom Datapoints Menu Item**



**Figure 2. Adding Destination Determination (Prehospital) Datapoint**

The screenshot shows a dialog box titled "Adding a Custom Data Point". It contains the following fields and options:

- Name:** EMSDD
- Length:** 25
- Decimal:** 0
- Type:** A group box containing five radio buttons: Character (selected), Date, Logical, Memo, and Numeric.
- Has Popup:** A checked checkbox.
- Default Value:** Not Applicable
- Screen Assignment:** A dropdown menu with "Prehospital" selected.
- Buttons:** "Ok" and "Cancel" at the bottom.

**b. Destination Determination (Referring hospital)**

Use the same process in (a) to add Destination Determination (Referring-hospital) datapoint according to Figure 3.

The field name for Destination Determination (Referring-hospital) is REFHOSPDD

The entry option list for Destination Determination (Referring-hospital)

- Hospital of Choice
- Not Applicable (default)
- Specialty Resource Center

**Figure 3. Adding Destination Determination (Referring-hospital) Datapoint**

The screenshot shows a dialog box titled "Adding a Custom Data Point". It contains the following fields and options:

- Name:** REFHOSPDD
- Length:** 25
- Decimal:** 0
- Type:** A group box containing five radio buttons: Character (selected), Date, Logical, Memo, and Numeric.
- Has Popup:** A checked checkbox.
- Default Value:** Not Applicable
- Screen Assignment:** A dropdown menu with "Referring Hospital" selected.
- Buttons:** "Ok" and "Cancel" at the bottom.

**c. Temperature (Referring hospital)**

Use the same process in (a) to add Temperature (Referring-hospital) datapoint according to Figure 4.

The field name for Temperature (Referring-hospital) is RHTEMP and the default value is 0.0.

**Figure 4. Adding Temperature (Referring-hospital) Datapoint**

The screenshot shows a dialog box titled "Adding a Custom Data Point". It contains the following fields and controls:

- Name:** A text box containing "RHTEMP".
- Length:** A text box containing "5".
- Decimal:** A text box containing "1".
- Type:** A group box containing five radio buttons: "Character", "Date", "Logical", "Memo", and "Numeric". The "Numeric" radio button is selected.
- Has Popup:** A checkbox that is unchecked.
- Default Value:** A text box containing "0.0".
- Screen Assignment:** A dropdown menu with "Referring Hospital" selected.
- Buttons:** "Ok" and "Cancel" buttons at the bottom.

### View Custom Datapoints

After creating custom datapoints, you can view how these will appear for data entry. Select a patient's record in NTRACS. The custom datapoint window tab will automatically appear (figure 5). If you click on this tab, the custom datapoints entry screen will appear and you will see all the datapoints that were created (figure 6).

**Figure 5. The Custom Datapoint Window Tab on the “Refer Hosp” Screen**

The screenshot shows the 'Refer Hosp' screen for a patient named Lei Zhang. The 'Custom Data Points' tab is highlighted with a red circle. The screen is divided into several sections: a top navigation bar with tabs like 'Diagnosis', 'Comorbidity', 'Procedures', 'Complications', 'Perf. Imp.', 'Hosp Outcome', and 'Financial'; a patient information section with fields for Registry #, Patient ID, and Name; a 'Ref. hospital #' section with a dropdown menu and a 'Hospital Transfer' checkbox; a 'V.S.' section with fields for Pulse, Eye, Verbal, Motor, Calculated GCS, Manual GCS, Rev TS, and Manual Rev TS; a 'Dx' section with fields for Head CT, Abdominal CT, Abdominal Ultrasound, Chest CT, Peritoneal Lavage, Aortogram, and Arterio/Angiogram; a 'Rx' section with fields for Airway, CPR, OR, and ICU; and a 'Drugs Given' section with a list box and 'Add' and 'Delete' buttons. The 'Custom Data Points' button is located at the bottom right of the 'Drugs Given' section.

**Figure 6. The Destination Determination and Temperature Entry Screen (Referring Hospital)**

The screenshot shows the 'Custom Data Points for Referring Hospital' screen. It features a patient information section with fields for Registry #, Patient ID, and Name. Below this, there are two main sections: 'DESTREF' (Destination Determination) and 'TEMPREF' (Temperature Entry). The 'DESTREF' field is currently set to 'Not Applicable' and the 'TEMPREF' field is set to '97.5'.

## Appendix D: Nebraska Hospital List and Hospital Name Abbreviation

	Hospital Name	Hospital Name Abbreviation
1	Alegent Health Memorial Hospital-Schuyler	Alegent Health Schuyler
2	Alegent Health-Bergan Mercy Medical Center	Alegent Health-Bergan Mercy
3	Alegent Health-Immanuel Medical Center	Alegent Health-Immanuel
4	Alegent Health-Midlands Community Hospital	Alegent Health-Midlands
5	Annie Jeffrey Memorial County Health Center	Annie Jeffrey Memorial
6	Antelope Memorial Hospital	Antelope Memorial Hospital
7	Avera St. Anthony's Hospital	Avera St. Anthony's Hospital
8	Beatrice Community Hospital & Health Center, Inc.	Beatrice Community Hospital
9	Boone County Health Center	Boone County Health Center
10	Box Butte General Hospital	Box Butte General Hospital
11	Brodstone Memorial Hospital	Brodstone Memorial Hospital
12	Brown County Hospital	Brown County Hospital
13	BryanLGH Medical Center East	BryanLGH Medical Center East
14	BryanLGH Medical Center West	BryanLGH Medical Center West
15	Butler County Health Care Center	Butler County Health Care Ctr
16	Callaway District Hospital	Callaway District Hospital
17	Chadron Community Hospital & Health Services	Chadron Community Hospital
18	Chase County Community Hospital	Chase County Community Hosp
19	Cherry County Hospital	Cherry County Hospital
20	Children's Hospital	Children's Hospital
21	Columbus Community Hospital, Inc	Columbus Community Hospital
22	Community Hospital	Community Hospital
23	Community Medical Center, Inc.	Community Medical Center
24	Community Memorial Hospital	Community Memorial Hospital
25	Cozad Community Hospital	Cozad Community Hospital
26	Creighton Area Health Services	Creighton Area Health Services
27	Creighton University Medical Center	Creighton University Med Ctr
28	Crete Area Medical Center	Crete Area Medical Center
29	Dundy County Hospital	Dundy County Hospital
30	Faith Reg Health Services/East Campus	Faith Reg Health Services East
31	Fillmore County Hospital	Fillmore County Hospital
32	Franklin County Memorial Hospital	Franklin County Memorial Hosp
33	Fremont Area Medical Center	Fremont Area Medical Center
34	Garden County Health Services	Garden County Health Services
35	Genoa Community Hospital/LTC	Genoa Community Hospital
36	Good Samaritan Hospital	Good Samaritan Hospital
37	Gordon Memorial Hospital District	Gordon Memorial Hospital Distr
38	Gothenburg Memorial Hospital	Gothenburg Memorial Hospital
39	Great Plains Regional Medical Center	Great Plains Regional Med Ctr
40	Harlan County Health System	Harlan County Health System
41	Henderson Health Care Services, Inc	Henderson Health Care Services
42	Howard County Community Hospital	Howard County Community Hosp
43	Jefferson Community Health Center LTC	Jefferson Community Health Ctr



	<b>Hospital Name</b>	<b>Hospital Name Abbreviation</b>
44	Jennie M Melham Memorial Medical Center	Jennie M Melham Memorial Med
45	Johnson County Hospital	Johnson County Hospital
46	Kearney County Health Services	Kearney County Health Services
47	Kimball County Hospital	Kimball County Hospital
48	Litzenberg Memorial County Hospital	Litzenberg Memorial County
49	Mary Lanning Memorial Hospital	Mary Lanning Memorial Hospital
50	Memorial Community Hospital	Memorial Community Hospital
51	Memorial Health Center	Memorial Health Center
52	Memorial Hospital (AURORA)	Aurora Memorial Hospital
53	Memorial Hospital (SEWARD)	Seward Memorial Hospital
54	Morrill County Community Hospital	Morrill County Community Hosp
55	Nemaha County Hospital	Nemaha County Hospital
56	Niobrara Valley Hospital Corporation	Niobrara Valley Hospital
57	Oakland Memorial Hospital	Oakland Memorial Hospital
58	Ogallala Community Hospital	Ogallala Community Hospital
59	Osmond General Hospital	Osmond General Hospital
60	Pawnee County Memorial Hospital	Pawnee County Memorial Hosp
61	Pender Community Hospital	Pender Community Hospital
62	Perkins County Health Services	Perkins County Health Services
63	Phelps Memorial Health Center	Phelps Memorial Health Center
64	Plainview Area Health System	Plainview Area Health System
65	Providence Medical Center	Providence Medical Center
66	Regional West Medical Center	Regional West Medical Center
67	Rock County Hospital	Rock County Hospital
68	Saint Elizabeth Regional Medical Center	Saint Elizabeth Regional Med
69	Saunders County Health Services	Saunders County Health Serv
70	St. Francis Medical Center	St. Francis Medical Center
71	St. Francis Memorial Hospital	St. Francis Memorial Hospital
72	St. Mary's Hospital	St. Mary's Hospital
73	Thayer County Health Services	Thayer County Health Services
74	The Nebraska Methodist Hospital	Nebraska Methodist Hospital
75	The Nebraska Medical Center	Nebraska Medical Center
76	Tilden Community Hospital	Tilden Community Hospital
77	Tri Valley Health System	Tri Valley Health System
78	Tri-County Area Hospital District	Tri-County Area Hospital Distr
79	Valley County Hospital	Valley County Hospital
80	Warren Memorial Hospital	Warren Memorial Hospital
81	Webster County Community Hospital	Webster County Community Hosp
82	West Holt Memorial Hospital, Inc.	West Holt Memorial Hospital
83	York General Health Care Services	York General Health Care Serv

## Appendix E: The Entry Options of Hospital Disposition Based on the UB 92 Standard

Trauma Registry		UB 92 Equivalent	
Entry Options For Hospital Disposition	Description of Entry options From NTDB	UB 92 Code	UB 92 Definition
<b>Home</b>		01	Discharged to home or self care (routine discharge)
<b>Jail</b>	Jail or Prison	01	Discharged to home or self care (routine discharge)
<b>Burn Center</b>	Transfer to Acute Burn Facility	02	Discharged/transferred to another short-term general hospital
Trauma Center		02	Discharged/transferred to another short-term general hospital
<b>Nursing Home</b>		03	Discharged/transferred to SNF
<b>Subacute Setting, SNF</b>	Discharged, Extended Care Facility	03	Discharged/transferred to SNF
Assisted Living		04	Discharged/transferred to an ICF
<b>Hosp Transfer</b>	Transferred to Other Hospital	05	Discharged/transferred to another short-term general hospital
<b>Home Health</b>		06	Discharged/transferred to home under care of organized home health service organization
<b>AMA</b>	Against Medical Advice	07	Left against medical advice or discontinued care
<b>Death</b>	Death in Hospital	20	Expired (or did not recover – Religious Non Medical Health Care Patient)
<b>Rehabilitation Facility</b>	Rehabilitation Center	62	Discharged/transferred to an inpatient rehabilitation facility including distinct part units of a hospital
Chronic Hospital		63	Discharged/transferred to long term care hospitals
Mental Health		65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital

**Note:** The values in red are valid defined by National Trauma Data Bank (NTDB)

## Index

<b>Address</b> .....	11	<b>Length of Stay</b> .....	51, 59
<b>Admitting Service</b> .....	48	<b>Location Category</b> .....	17
<b>Age</b> .....	10	<b>Mechanism of Injury</b> .....	16
<b>Airway Management</b> .....	29, 37, 47	Patient First Name .....	7
Ambulance Run Number .....	20	Patient Home City .....	11
<b>Arrival Date</b> .....	30, 39	Patient Last Name .....	7
<b>Arrival Time</b> .....	31, 40	Patient Middle Initial .....	8
Arrival/Admit Date .....	39	Patient State of Residence .....	12
<b>ASIA</b> .....	59	Patient Zip Code .....	13
<b>Blood Alcohol Level</b> .....	49	Patient's Home Address .....	11
<b>Blood Pressure</b> .....	24, 32, 42	<b>Pediatric Coma Scale</b> .....	26, 34, 44
Blunt .....	16	<b>Pediatric Trauma Score</b> .....	28, 36, 45
<b>BLUNT</b> .....	16	<b>Primary Payor Source</b> .....	14
<b>Complications</b> .....	57	<b>Probability of Survival</b> .....	56
<b>Comprehensive FIM Score</b> .....	61	<b>Pulse</b> .....	24, 32, 43
<b>Date of Birth</b> .....	10	Pulse Rate .....	33, 43
Depart Time .....	23	<b>Race</b> .....	9
<b>Destination Determination</b> .....	21, 38	<b>Rancho Los Amigos Scale</b> .....	66
<b>Dispatch Date</b> .....	21	Receiving Hospital .....	39
<b>Dispatch Time</b> .....	21, 22	<b>Receiving Hospital Name</b> .....	39
<b>Disposition from ED</b> .....	50	Referring Hospital .....	30
<b>Disposition from the Hospital</b> .....	50, 59	Referring Hospital Arrival Date .....	30
<b>Drug Screen Results</b> .....	48	Referring Hospital Arrival Time .....	31
E Code .....	16	<b>Referring Hospital Name</b> .....	30
<b>E-Code</b> .....	16	<b>Respiration</b> .....	25, 33, 43
ED Disposition .....	50	Respiration Rate .....	44
<b>EMS Run Number</b> .....	20	Respiratory Rate .....	25
<b>Functional Independence Measure of Discharge</b> .....	57	<b>Safety Device</b> .....	18
<b>GENDER</b> .....	9	Safety Equipment .....	18
Glasgow Coma Scale .....	26	Scene Arrival Time .....	22
<b>Glasgow Coma Score</b> .....	26, 34, 44	Scene Pulse Rate .....	24
<b>Head CT Results</b> .....	53	Scene Systolic Blood Pressure .....	24
Hospital Disposition .....	51	<b>Sex</b> .....	9
<b>ICD-9-CM Diagnosis Codes</b> .....	53	<b>Social Security Number</b> .....	8
<b>ICD-9-CM Procedure Codes</b> .....	54	Systolic Blood Pressure .....	32
<b>ICU Days</b> .....	52	<b>Temperature</b> .....	37, 47
<b>Initial Glasgow Coma Score</b> .....	34	The Revised Trauma Score .....	28
Initial Hospital Arrival Time .....	24	<b>Time Arrived at Facility</b> .....	23
<b>Injury Date</b> .....	15	<b>Time Left Scene</b> .....	23
<b>Injury Severity Code</b> .....	55	<b>Time of Arrival at Scene</b> .....	22
Injury Site .....	17	Toxicology/Drug Screen .....	48
<b>Injury Time</b> .....	15	<b>Transport Time</b> .....	23
<b>Injury Zip Code</b> .....	15	<b>Trauma Score</b> .....	28, 36, 45
<b>Insurance Category</b> .....	14	<b>Unplanned Readmission</b> .....	52
<b>ISS</b> .....	55	<b>WeeFIM</b> .....	63